## Health Plan Comparisons - 2013 and 2016 Contract Changes

Medical	2013 Contract - Traditional	2016 Proposed Contract - Traditional	2016 Proposed Contract - HDHP
	\$250 / person	\$500 / person	\$2,000 / person
Annual Deductible	\$750 / family		\$4,000 / family
Emergency Room / Non-Emergency Surcharge	\$75 / occurrence	\$250 / occurrence	\$250 / occurrence
	\$2,500 / person	· · ·	
In-Network, Out-of-Pocket Maximum (including deductible)	\$5,000 / family		
	\$7,500 / person	· · · · · · · · · · · · · · · · · · ·	
Out-Of-Network, Out-of-Pocket Maximum (including deductible)	\$15,000 / family	. , ,	,
Physical Therapy Limit (with referral)	24 visits per year		20 visits per year
Chiropractic Treatments	10 visits per year	12 visits per year	12 visits per year
Prescription Drug			
Retail or Mail Order			
Generic	\$0 copay		
Non-Preferred Brand	20% copay		
Out-of-Pocket Maximum: Generics/Preferreds /Non-Preferreds	\$250 / person		
(combined)		\$2,250 / family	
	same as above	\$150 per script, limited to a 30-day supply	\$150 per script, limited to a 30-day supply
Specialty Drugs: Retail and Mail Order		04.4007	#4.400 /
Specialty Out-of-Pocket Maximums (stand alone)	none (included with OOP Max of \$250 pp)		
Specially Out-of-Pocket Maximums (Stand alone)	(included with OOF Max of \$250 pp)	\$3,500 / Taillily	\$3,500 / Taitilly
Employee contribution (monthly premiums)			
Traditional Plan: Medical / Prescription			
Employee only	Three year: \$50 / \$80 / \$100	3	Three year: \$75 / \$85 / \$95
Spouse	Three year: \$80 / \$80 / \$100	Three year: \$120 / \$140 / \$160	Three year: \$75 / \$85 / \$95
Up to five (5) children, per child	\$15 per child	\$25 per child	\$15 per child
Six (6) or more children (total)	\$60	\$150	\$90

Health Reimbursement Arrangement (HRA) - (HDHP Only)

Spouse Surcharge (Spouse declines own employer's ins and elects Borough ins)

			2017: \$1000 / employee or \$2000 / employee +1 or more
Employer-funded to participant's account for the reimbursment of			2018: \$750 / employee or \$1500 / employee +1 or more
health plan related expenses (deductibles, co-pays, co-insurance)	none	none	2019: \$750 / employee or \$1250 / employee +1 or more

none

Three year: \$50 / \$75 / \$100

Three year: \$50 / \$75 / \$100

## **Dental and Vision Plan**

Dental			
Benefit Maximum	\$1,500	\$2,500	\$2,500