

Health Plan Comparisons - 2013 and 2016 Contract Changes

Medical	2013 Contract - Traditional	2016 Proposed Contract - Traditional	2016 Proposed Contract - HDHP
Annual Deductible	\$250 / person \$750 / family	\$500 / person \$1,000 / family	\$2,000 / person \$4,000 / family
Emergency Room / Non-Emergency Surcharge	\$75 / occurrence	\$250 / occurrence	\$250 / occurrence
In-Network, Out-of-Pocket Maximum (including deductible)	\$2,500 / person \$5,000 / family	\$3,500 / person \$7,000 / family	\$5,000 / person \$8,500 / family
Out-Of-Network, Out-of-Pocket Maximum (including deductible)	\$7,500 / person \$15,000 / family	\$15,000 / person \$30,000 / family	Unlimited (no maximum)
Physical Therapy Limit (with referral)	24 visits per year	20 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	\$5 copay	\$5 copay
Non-Preferred Brand	20% copay	30% copay	30% copay
Out-of-Pocket Maximum: Generics/Preferreds /Non-Preferreds (combined)	\$250 / person	\$750 / person \$2,250 / family	\$750 / person \$2,250 / family
Specialty Drugs: Retail and Mail Order	same as above	\$150 per script, limited to a 30-day supply	\$150 per script, limited to a 30-day supply
Specialty Out-of-Pocket Maximums (stand alone)	none (included with OOP Max of \$250 pp)	\$1,400 / person \$3,500 / family	\$1,400 / person \$3,500 / family
Employee contribution (monthly premiums) Traditional Plan: Medical / Prescription			
Employee only	Three year: \$50 / \$80 / \$100	Three year: \$120 / \$140 / \$160	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
Spouse Surcharge (Spouse declines own employer's ins and elects Borough ins)	none	Three year: \$50 / \$75 / \$100	Three year: \$50 / \$75 / \$100

Health Reimbursement Arrangement (HRA) - (HDHP Only)

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

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