

CURRENT RENEWAL

Column C		Low Plan	High Plan	POS Plan		Low Plan	High Plan	POS Plan		
Control From Cross actions Control February C										
Garded rever Deductible (CTT) Single Si,000 Si Si300 Si,000 S			-	·				·		
Single		In-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	
Family \$2,000 \$0 \$500 \$5,000 \$2,000 \$0 \$500 \$5,000 \$0 \$500 \$0 \$500 \$0 \$500 \$0 \$, ,									
Decided Hademann			·						•	
Single	·			·						
Family \$0,000 \$	Out of Pocket Maximum			1				l i		
Consumance (Member Responsibility) 20% 0% 10% 30% 20% 0% 0% 30%					\$2,000					
Non-Hospital Services	Family	\$10,000	\$4,000	\$3,000	\$4,000	\$10,000	\$4,000	\$3,000	\$4,000	
Primary Care Physician	Coinsurance (Member Responsibility)	20%	0%	10%	30%	20%	0%	10%	30%	
Specialist Sis Sis Sis CYD + 10% CYD + 30% Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis Sis CYD + 10% CYD + 30% Sis Sis CYD + 10% CYD + 30% CYD + 20% Sis Sis Sis CYD + 10% CYD + 30% CYD + 20% Sis Sis Sis Sis CYD + 10% CYD + 30% CYD + 20% Sis Sis Sis Sis CYD + 10% CYD + 30% CYD + 20% Sis Sis Sis CYD + 10% CYD + 30% CYD + 20% Sis Sis Sis CYD + 10% CYD + 10% CYD + 20% Sis Sis Sis CYD + 10% CYD + 20% Sis Sis CYD + 10% CYD + 20% Sis Sis CYD + 10% CYD + 20% Sis CYD + 10% CYD + 20% Sis CYD + 10% CYD + 20% Sis Sis CYD + 20% Sis Sis CYD + 20%	Non Hospital Services									
Pre-Natal S15	Primary Care Physician	\$15	\$15	CYD + 10%	CYD + 30%	\$15		CYD + 10%	CYD + 30%	
Preventive Services	Specialist	\$15	\$15	CYD + 10%	CYD + 30%	\$25	\$25	CYD + 10%	CYD + 30%	
Laboratory Services	Pre-Natal	\$15	\$15	CYD + 10%	CYD + 30%	\$15	\$15	CYD + 10%	CYD + 30%	
Advanced Imaging - CT, PET, MR CPD + 20% + \$15/scan S15 per scan CPD + 10% CPD + 30% CPD + 20% + \$15/scan S15 per scan CPD + 10% CPD + 30% CPD + 30% S25 (30 visits/yr) S25 (30	Preventive Services	No Charge	No Charge	No Charge	CYD + 30%	No Charge	No Charge	No Charge	CYD + 30%	
Spinal Manipulation Therapy	Laboratory Services	No Charge	No Charge	CYD + 10%	CYD + 30%	No Charge	No Charge	CYD + 10%	CYD + 30%	
Urgent Care Center \$50 \$25 CYD + 10% CYD + 10% \$50 \$25 CYD + 10% CYD + 10% Hospital Services CYD + 10% CYD + 20% \$250 per admit CYD + 30% CYD + 20% \$50 CYD + 30% CYD + 20% \$50 CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$150 CYD + 10% CYD + 10% CYD + 20% \$150 CYD + 10% CYD + 10% CYD + 20% \$150 CYD + 10% CYD + 10% CYD + 20% \$150 CYD + 10% CYD + 10% CYD + 20% \$250 per admit CYD + 10% CYD + 10% CYD + 20% \$250 per admit CYD + 10%	Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15/scan	\$15 per scan	CYD + 10%	CYD + 30%	CYD + 20% + \$15/scan	\$15 per scan	CYD + 10%	CYD + 30%	
Hospital Services	Spinal Manipulation Therapy	\$15 (30 visits/yr)	\$15 (30 visits/yr)	CYD + 10%	CYD + 30%	\$25 (30 visits/yr)	\$25 (30 visits/yr)	CYD + 10%	CYD + 30%	
Inpatient	Urgent Care Center	\$50	\$25	CYD + 10%	CYD + 10%	\$50	\$25	CYD + 10%	CYD + 10%	
Outpatient CYD + 20% \$50 CYD + 10% CYD + 30% CYD + 20% \$50 CYD + 10% CYD + 30% Physician Services CYD + 20% No Charge CYD + 10% CYD + 10% CYD + 20% No Charge CYD + 10% CYD + 30% Emergency Room \$100 \$100 CYD + 10% CYD + 10% CYD + 20% \$150 CYD + 10% CYD + 10% Mental Health/Substance Abuse Services Inpatient CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 20% \$250 per admit CYD + 10% CYD + 30% CYD + 30% SYD \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	<u>Hospital Services</u>									
Physician Services CVD + 20% No Charge CYD + 10% CYD + 30% CYD + 20% No Charge CYD + 10% CYD + 30% CYD + 10% CYD + 30% CYD + 20% S250 per admit CYD + 10% CYD + 30% CYD + 20% S250 per admit CYD + 10% CYD + 30% CYD + 20% S250 per admit CYD + 10% CYD + 30% CYD + 30% CYD + 20% S250 per admit CYD + 10% CYD + 30%	Inpatient	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 30%	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 30%	
Emergency Room	Outpatient	CYD + 20%	\$50	CYD + 10%	CYD + 30%	CYD + 20%	\$50	CYD + 10%	CYD + 30%	
Mental Health/Substance Abuse Services	Physician Services	CYD + 20%	No Charge	CYD + 10%	CYD + 30%	CYD + 20%	No Charge	CYD + 10%	CYD + 30%	
Inpatient	Emergency Room	\$100	\$100	CYD + 10%	CYD + 10%	\$150	\$150	CYD + 10%	CYD + 10%	
Outpatient \$15 \$15 \$15 \$CYD + 10% CYD + 30% \$15 \$15 CYD + 30% Prescription Drug Benefit \$15 \$15 \$15 \$CYD + 30% \$CYD + 30% \$15 \$CYD + 30% \$CYD + 30% \$CYD + 30% \$15 \$CYD + 30% \$CYD + 30% \$CYD + 30% \$15 \$CYD + 30% \$CYD + 30% \$CYD + 30% \$15 \$CYD + 30% \$CYD + 30% \$CYD + 30% \$10 <td>Mental Health/Substance Abuse Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Mental Health/Substance Abuse Services									
Prescription Drug Benefit So \$0<	Inpatient	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 30%	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 30%	
Preventive Generic Drugs	Outpatient	\$15	\$15	CYD + 10%	CYD + 30%	\$15	\$15	CYD + 10%	CYD + 30%	
Solid Soli	Prescription Drug Benefit									
Formulary Drugs	Preventive Generic Drugs	\$0	\$0	\$0		\$0	\$0	\$0		
Non-Formulary Drugs	Generic Drugs	\$0	\$0	\$0		\$0	\$0	\$0		
Mail Order - 90 day supply 2.5 x Retail Copay 2.5 x Retail Copay <th< td=""><td>Formulary Drugs</td><td>\$30</td><td>\$30</td><td>\$30</td><td>30%</td><td>\$30</td><td>\$30</td><td>\$30</td><td>30%</td></th<>	Formulary Drugs	\$30	\$30	\$30	30%	\$30	\$30	\$30	30%	
Rates Low High POS 609.92 \$592.26 \$594.25 \$709.09 \$726.80 Employee + Family 9 291 43 \$1,389.64 \$1,652.87 \$1,605.02 \$1,617.70 \$1,928.94 \$1,980.14 Total Cost \$242,383.32 \$6,613,511.64 \$899,261.52 \$281,676.60 \$7,714,402.68 \$1,108,968.24 \$ Increase N/A N/A N/A \$39,293.28 \$1,100,891.04 \$209,706.72 % Increase N/A N/A N/A N/A 16.21% 16.65% 23.32% Triple Plan Cost \$7,755,156.48 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04	Non-Formulary Drugs	\$90	\$90	\$90		\$90	\$90	\$90		
Employee 15 115 10 \$512.79 \$609.92 \$592.26 \$594.25 \$709.09 \$726.80 Employee + Family 9 291 43 \$1,389.64 \$1,652.87 \$1,605.02 \$1,617.70 \$1,928.94 \$1,980.14 Total Cost \$242,383.32 \$6,613,511.64 \$899,261.52 \$281,676.60 \$7,714,402.68 \$1,108,968.24 \$1,107.70 \$1,928.94 \$1,107.70 \$1,928.94 \$1,107.70 \$1,928.94 \$1,008.968.24 \$1,00	Mail Order - 90 day supply	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay		2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay		
Employee + Family 9 291 43 \$1,389.64 \$1,652.87 \$1,605.02 \$1,617.70 \$1,928.94 \$1,980.14 Total Cost \$242,383.32 \$6,613,511.64 \$899,261.52 \$281,676.60 \$7,714,402.68 \$1,108,968.24 \$ Increase N/A N/A N/A N/A \$39,293.28 \$1,100,891.04 \$209,706.72 % Increase N/A N/A N/A 16.21% 16.65% 23.32% Triple Plan Cost \$7,755,156.48 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04	Rates Low High POS									
Total Cost \$242,383.32 \$6,613,511.64 \$899,261.52 \$281,676.60 \$7,714,402.68 \$1,108,968.24 \$ Increase N/A N/A N/A \$39,293.28 \$1,100,891.04 \$209,706.72 % Increase N/A N/A 16.21% 16.65% 23.32% Triple Plan Cost \$7,755,156.48 \$9,105,047.52 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04 \$1,349,891.04	Employee 15 115 10	\$512.79	\$609.92	\$592.26		\$594.25	\$709.09	\$726.80		
\$ Increase N/A N/A N/A N/A \$39,293.28 \$1,100,891.04 \$209,706.72 % Increase N/A N/A N/A 16.21% 16.65% 23.32% Triple Plan Cost \$7,755,156.48 \$9,105,047.52 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04	Employee + Family 9 291 43	\$1,389.64	\$1,652.87	\$1,605.02		\$1,617.70	\$1,928.94	\$1,980.14		
% Increase N/A N/A N/A 16.21% 16.65% 23.32% Triple Plan Cost \$7,755,156.48 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04	Total Cost	\$242,383.32	\$6,613,511.64	\$899,261.52		\$281,676.60	\$7,714,402.68	\$1,108,968.24		
Triple Plan Cost \$7,755,156.48 \$9,105,047.52 Total \$ Increase N/A \$1,349,891.04	\$ Increase	N/A	N/A	N/A		\$39,293.28	\$1,100,891.04	\$209,706.72		
Total \$ Increase N/A \$1,349,891.04	% Increase	N/A	N/A	N/A		16.21%	16.65%	23.32%		
	Triple Plan Cost	\$7,755,156.48				\$9,105,047.52				
% Increase N/A 17.41%	Total \$ Increase		N/A				\$1,349,891.04			
	% Increase	N/A				17.41%				