

2013 BENEFITS

Types of Coverage	\$500 Deductible Plan		\$,1000 Deductible Plan		\$1,500/\$3,000 Deductible Plan	
	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts
Annual Deductible In and out-of-network deductibles are tracked separate, they do not aggregate (pppy – per covered person per year)	\$500 pppy not to exceed \$1,000 for all covered persons in a family	\$1,000 pppy not to exceed \$2,000 for all covered persons in a family	\$1,000 pppy not to exceed \$2,000 for all covered persons in a family	\$2,000 pppy not to exceed \$4,000 for all covered persons in a family	\$1,500 single/ \$3,000 family	\$2,500 single/ \$5,000 family
Out-of-Pocket Maximum (pppy – per covered person per year)	\$1,000 pppy not to exceed \$2,000 for all covered persons in a family	\$2,100 pppy not to exceed \$4,000 for all covered persons in a family	\$2,000 pppy not to exceed \$4,000 for all covered persons in a family	\$5,000 pppy not to exceed \$10,000 for all covered persons in a family	\$3,000 single/ \$6,000 family	\$5,000 single/ \$10,000 family
Health Reimbursement Account (HRA) Health Savings Account (H.S.A.)	N/A		Annual: single - \$375, family - \$750 Max cap: single - \$2,000, family - \$4,000		Annual: single - \$500, family - \$1,000	
Employee Monthly Contribution	(20%) Single: \$108.28; Family: \$286.28		(10%) Single: \$49.65; Family: \$134.26		Single: \$0; Family: \$0	
Lifetime Maximum Plan Benefit	Unlimited		Unlimited		Unlimited	

PROPOSED 2014 BENEFITS

Types of Coverage	\$,1000 Deductible Plan		\$1,500/\$3,000 Deductible Plan	
	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts
Annual Deductible In and out-of-network deductibles are tracked separate, they do not aggregate (pppy – per covered person per year)	\$1,000 pppy not to exceed \$2,000 for all covered persons in a family	\$2,000 pppy not to exceed \$4,000 for all covered persons in a family	\$1,500 single/ \$3,000 family	\$2,500 single/ \$5,000 family
Out-of-Pocket Maximum (pppy – per covered person per year)	\$3000 pppy not to exceed \$6,000 for all covered persons in a family All medical copays apply to OOP max	\$6,000 pppy not to exceed \$12,000 for all covered persons in a family All medical copays apply to OOP max	\$3,000 single/ \$6,000 family	\$5,000 single/ \$10,000 family
Health Reimbursement Account (HRA) Health Savings Account (H.S.A.)	2014: single - \$250, family - \$500 Max cap: single - \$2,000, family - \$4,000		2014: single - \$500; family - \$1,000	
Employee Monthly Contribution	2014 – 15%		2014 – 0%	
Lifetime Maximum Plan Benefit (Regardless of plan choice or change from one to another)	Unlimited		Unlimited	

