

Coverage	Current	(Recommendation)	
Plan Type		Plan A (Original)	Plan B (Alternative)
Individual Deductible \$	200 / 400	200 / 400	750 / 1500
Family Deductible \$	600 / 1,200	600 / 1,200	2250 / 4500
Coinsurance %	80 / 50	80 / 50	80 / 50
Ind Out of Pocket Max \$	1700 / 3,900	1700 / 3,900	2250 / 3000
Fam Out of Pocket Max \$	5100 / 11,700	5100 / 11,700	6750 / 13,500
Office Visit Co-payment\$	15/25	15/25	25/35
Emergency Room, Co-pay \$	100	100	200
Rx Deductible (Brand Only)	None	None	100
RX - 30 day \$ Generic/PrefBrand/NonPrefBrand	15 / 30 / 50	15 / 30 / 50	15 / 30 / 50
RX - 90 day \$ Generic/PrefBrand/NonPrefBrand	30 / 60 / 100	30 / 60 / 100	30 / 60 / 100
Hosp Deductible \$	150 / 350	150 / 350	150 / 350
Lifetime Max	\$2 Million	\$2 Million	\$2 Million
Preferred Hospital	Open Access PPO	Open Access PPO	Open Access PPO
Monthly Deductions			
Employee Only	\$ 25.00	\$75.00	\$
Employee Spouse	\$ 320.35	\$428.72	\$
Employee Child	\$ 275.53	\$375.04	\$
Employee Family	\$ 452.52	\$587.01	\$

Changes to current plan

Chronic Drugs and Preventive Care not subject to Plan year deductible