

# Proposed Medical Plan Options

Women & Infants Union Plan Provisions	Healthmate Coast to Coast			Blue Solutions HSA		Blue Choice New England		
Network	CNE Discount	In Network	Out of Network	In Network	Out of Network	CNE Discount	In Network	Out of Network
PCP Required	No	No	No	No	No	Yes	Yes	No
<b>Deductible</b> Individual/Family	None/None	\$750/\$2,250	\$3,000/\$9,000	\$1,650/\$3,300	\$1,650/\$3,300	None/None	\$500/\$1,500	\$3,000/\$9,000
<b>Out of Pocket Maximum</b> Individual/Family	\$4,500/\$9,000	\$4,500/\$9,000	\$9,000/\$27,000	\$4,500/\$9,000	\$9,000/\$27,000	\$4,500/\$9,000	\$4,500/\$9,000	\$9,000/\$27,000
<b>Outpatient Medical Care</b>								
<b>Preventive Care</b>	\$0 copay	\$0 copay	50% after ded.	\$0 copay	40% after ded.	\$0 copay	\$0 copay	50% after ded.
<b>Office Visits</b>	\$15 copay	\$15 copay	50% after ded.	0% after ded.	40% after ded.	\$5 copay	\$5 copay	50% after ded.
<b>Specialist Visit</b>	\$30 copay	\$30 copay	50% after ded.	0% after ded.	40% after ded.	\$10 copay	\$10 copay	50% after ded.
<b>High Tech Imaging / Lab / X-Ray</b>	\$0 copay	20% after ded.	50% after ded.	0% after ded.	40% after ded.	\$0 copay	10% after ded.	50% after ded.
<b>Inpatient / Outpatient Care</b>								
<b>Inpatient Hospital / Outpatient Surgery</b>	\$0 copay	20% after ded.	50% after ded.	0% after ded.	40% after ded.	\$0 copay	10% after ded.	50% after ded.
<b>Emergency Room Visits</b>	\$150 copay	\$150 copay	\$150 copay	0% after ded.	0% after ded.	\$150 copay	\$150 copay	\$150 copay
<b>Urgent Care Visits</b>	\$50 copay	\$50 copay	\$50 copay	0% after ded.	0% after ded.	\$50 copay	\$50 copay	\$50 copay

# Proposed Pharmacy Plan Design

Women & Infants Union Plan Provisions	Healthmate Coast to Coast Rx Not Subject to Deductible		Blue Solutions HSA Rx Subject to Overall Deductible		Blue Choice New England Rx Not Subject to Deductible	
	CNE Discount	In-Network	CNE Discount	In-Network	CNE Discount	In Network
Generic	\$10	\$20	\$10 after ded.	\$20 after ded.	\$10	\$20
Preferred Brand	\$50	\$60	\$50 after ded.	\$60 after ded.	\$50	\$60
Non-Preferred Brand	\$100	\$160	\$100 after ded.	\$160 after ded.	\$100	\$160
Specialty	\$150	\$200	\$150 after ded.	\$200 after ded.	\$150	\$200
Mail Order	CNE Discount	In-Network	CNE Discount	In-Network	CNE Discount	In Network
Generic	\$20	\$40	\$20 after ded.	\$40 after ded.	\$20	\$40
Preferred Brand	\$100	\$120	\$100 after ded.	\$120 after ded.	\$100	\$120
Non-Preferred Brand	\$200	\$320	\$200 after ded.	\$320 after ded.	\$200	\$320
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

There is no Out-of-Network pharmacy coverage  
Copays will be waived at CNE pharmacy for scripts with CNE Provider

# Weekly Employee Contributions

## Current vs. Proposed Plan Rates

	Blue Solutions HSA Current Weekly Contributions	Blue Solutions HSA Proposed Weekly Contributions	Healthmate Coast to Coast Proposed Weekly Contributions
<b>Full Time</b>			
Individual	\$0	\$6	\$0
Individual + Spouse	\$0	\$23	\$17
Individual + Child(ren)	\$0	\$8	\$0
Family	\$0	\$25	\$17
<b>Part Time</b>			
Individual	\$0	\$48	\$36
Individual + Spouse	\$40	\$103	\$77
Individual + Child(ren)	\$40	\$67	\$50
Family	\$40	\$122	\$92

\$15 working spouse premium applies as applicable