

REMIF 2015 BENEFIT PLANS



Benefits	EPO 250	EPO 500	PPO	
	In Network Only	In Network Only	In Network	Out of Network
Deductible	\$250 Single \$500 Two Party \$750 Family	\$500 Single \$1,000 Two Party \$1,500 Family	\$500 Single \$1,000 Two Party \$1,500 Family	\$1,000 Single \$2,000 Two Party \$3,000 Family
Out of Pocket Max	\$5,000 Single \$10,000 Two Party \$13,200 Family	\$5,000 Single \$10,000 Two Party \$13,200 Family	\$5,000 Single \$10,000 Two Party \$13,200 Family	\$10,000 Single \$20,000 Two Party \$30,000 Family
Family Definition (For deductible and out of pocket maximum)	Single = Employee Only Two Party = Employee + 1 dependent Family = Employee + 2 or more dependents			
Coinsurance (Percentage the plan pays, after deductible)	100% after deductible	90% after deductible	80% after deductible	70% after deductible
	Benefits below are what the MEMBER PAYS after deductible unless noted			
Preventive Care	\$0 Copay Deductible Waived	\$0 Copay Deductible Waived	\$0 Copay Deductible Waived	30%
Office Visits	\$25 Copay Deductible Waived	\$30 Copay	\$30 Copay	\$50 Copay
Diagnostic Lab & X-Ray	No Copay	10%	20%	30%
Advanced Imaging (Subject to utilization review)	No Copay	10%	20%	30% (benefit limited to \$800/procedure)
Emergency Care	\$100 deductible Waived if Admitted	\$100 deductible Waived if Admitted	\$100 deductible Waived if Admitted	
Rx Benefits	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
Tier 1	\$10 Copay	\$15 Copay	\$15 Copay	Member pays applicable copay plus all charges in excess of allowable charge
Tier 2	\$25 Copay	\$30 Copay	\$30 Copay	
Tier 3	\$25 Copay	\$30 Copay	\$30 Copay	
Tier 4	\$25 Copay	\$40 Copay	\$40 Copay	
Specialty	Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Not Covered
Preferred Generic	Yes	Yes	Yes	Yes
"DAW" (Dispense as written)	Included	Not Included	Not Included	Not Included

HSA	
In Network	Out of Network
\$1,300 Single \$2,600 Family of 2 or more	
\$5,000 Single \$10,000 Family of 2 or more	
Single = Employee Only Family = Employee + 1 or more dependents	
90% after deductible	70% after deductible
Benefits below apply AFTER deductible has been met	
\$0 Copay Deductible Waived	30%
10%	30%
10%	30%
10%	30% (benefit limited to \$800/procedure)
10%	
Copays apply AFTER medical deductible is met	
\$20 Copay	Member pays applicable copay plus all charges in excess of allowable charge
\$40 Copay	
\$80 Copay	
20% of maximum allowed amount	
Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Not Covered
Yes	Yes
Included	Included

PPO Blue Card (Only For Out of State Retirees)	
In Network	Out of Network
\$0	\$250 Single \$500 Two Party \$750 Family
\$5,000 Single \$10,000 Two Party \$13,200 Family	\$6,000 Single \$12,000 Two Party \$18,000 Family
Single = Employee Only Two Party = Employee + 1 dependent Family = Employee + 2 or more dependents	
100% after deductible	70% after deductible
Benefits below are what the MEMBER PAYS after deductible unless noted	
\$0 Copay Deductible Waived	30%
\$10 Copay Deductible Waived	30%
No Copay	30%
No Copay	30% (benefit limited to \$800/procedure)
\$100 deductible Waived if Admitted	
Not subject to deductible	Not subject to deductible
\$10 Copay	Member pays applicable copay plus 50% of the remaining Rx drug maximum allowable charge + 100% of costs in excess of allowable charge
\$20 Copay	
\$20 Copay	
\$20 Copay	
Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Not Covered
Yes	Yes
Included	Included

Rates - Actives	EPO 250	EPO 500	PPO
Single	\$658.52	\$569.34	\$565.41
Two Party	\$1,382.90	\$1,195.60	\$1,187.36
Family	\$1,975.57	\$1,708.01	\$1,696.24

HSA
\$479.51
\$1,006.97
\$1,438.53

PPO Blue Card (Retirees)
N/A
N/A
N/A

Rates - Early Retirees	EPO 250	EPO 500	PPO
Single	\$807.76	\$698.37	\$693.56
Two Party	\$1,696.31	\$1,466.57	\$1,456.46
Family	\$2,423.30	\$2,095.11	\$2,080.66

HSA
\$588.19
\$1,235.19
\$1,764.55

PPO Blue Card (Retirees)
\$807.76
\$1,696.31
\$2,423.30