

CITY OF FORT BRAGG REMIF 2015 BENEFIT PLANS



Benefits	EPO 250		EPO 500		HSA		PPO Blue Card (Only For Out of State Retirees)	
	In Network Only	In Network Only	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$250 Single \$500 Two Party \$750 Family	\$500 Single \$1,000 Two Party \$1,500 Family	\$1,300 Single \$2,600 Family of 2 or more		\$250 Single \$500 Two Party \$750 Family	\$250 Single \$500 Two Party \$750 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 Family of 2 or more		\$5,000 Single \$10,000 Two Party \$13,200 Family	\$6,000 Single \$12,000 Two Party \$18,000 Family		
Family Definition <small>(For deductible and out of pocket maximum)</small>	Single = Employee Only Two Party = Employee + 1 dependent Family = Employee + 2 or more dependents		Single = Employee Only Family = Employee + 1 or more dependents		Single = Employee Only Two Party = Employee + 1 dependent Family = Employee + 2 or more dependents			
Coinsurance <small>(Percentage the plan pays, after deductible)</small>	100% after deductible	90% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible		
	Benefits below are what the MEMBER PAYS after deductible unless noted		Benefits below apply AFTER deductible has been met		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%	\$0 Copay Deductible Waived	30%		
Office Visits	\$25 Copay Deductible Waived	\$30 Copay	10%	30%	\$25 Copay Deductible Waived	30%		
Diagnostic Lab & X-Ray	No Copay	10%	10%	30%	No Copay	30%		
Advanced Imaging <small>(Subject to utilization review)</small>	No Copay	10%	10%	30% <small>(benefit limited to \$800/procedure)</small>	No Copay	30% <small>(benefit limited to \$800/procedure)</small>		
Emergency Care	\$100 deductible Waived if Admitted	\$100 deductible Waived if Admitted	10%		\$100 deductible Waived if Admitted			
Rx Benefits	Not subject to deductible	Not subject to deductible	Copays apply AFTER medical deductible is met		Not subject to deductible	Not subject to deductible		
Tier 1	\$10 Copay	\$15 Copay	\$20 Copay	Member pays applicable copay plus all charges in excess of allowable charge	\$10 Copay	Member pays applicable copay plus 50% of the remaining Rx drug maximum allowable charge + 100% of costs in excess of allowable charge		
Tier 2	\$25 Copay	\$30 Copay	\$40 Copay		\$25 Copay			
Tier 3	\$25 Copay	\$30 Copay	\$80 Copay		\$25 Copay			
Tier 4	\$25 Copay	\$40 Copay	20% of maximum allowed amount		\$25 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	Must obtain from Specialty Pharmacy. Member pays applicable cost for tier	Not Covered		
Preferred Generic	Yes	Yes	Yes	Yes	Yes	Yes		
"DAW" <small>(Dispense as written)</small>	Included	Not Included	Included	Included	Included	Included		
Rates - Actives	EPO 250	EPO 500	HSA		PPO Blue Card (Retirees)			
Single	\$659.00	\$570.00	\$480.00		N/A			
Two Party	\$1,383.00	\$1,197.00	\$1,007.00					
Family	\$1,975.00	\$1,709.00	\$1,439.00					
Rates - Early Retirees	EPO 250	EPO 500	HSA		PPO Blue Card (Retirees)			
Single	\$808.00	\$699.00	\$589.00		\$808.00			
Two Party	\$1,696.00	\$1,468.00	\$1,235.00		\$1,696.00			
Family	N/A	N/A	\$1,764.00		N/A			
EARLY RETIREE NO MEDICARE	EPO 250	EPO 500	HSA		PPO Blue Card (Retirees)			
Single	\$1,414.00	\$1,223.00	N/A		\$1,414.00			
Two Party	\$2,967.00	\$2,567.00			\$2,967.00			
Family	N/A	N/A			N/A			