

6/1/16 - 5/31/17

Employer Contribution \$572/month SINGLE, \$1,144/month SINGLE PLUS

(Plan A) [REDACTED] (default plan)	[REDACTED] \$500/\$1000 100% Co-Ins. Copay 15/30	Monthly Employer Contribution	Monthly Employee Contribution	Weekly Employee Contribution 6/1/16-5/31/17	Employee Pays	(Last Year) Weekly Employee Contribution 6/1/15- 5/31/16	Yearly Cost Difference Over Last Year
Single	\$676.00	\$572.00	\$104.00	\$24.00	15.4%	\$7.38	\$864.00
Single+Spouse	\$1,447.00	\$1,144.00	\$303.00	\$69.92	20.9%	\$33.46	\$1,896.00
Single+Child(ren)	\$1,348.00	\$1,144.00	\$204.00	\$47.08	15.1%	\$14.08	\$1,716.00
Family	\$2,095.00	\$1,144.00	\$951.00	\$219.46	45.4%	\$162.23	\$2,976.00

  

(Plan B) [REDACTED]	[REDACTED] \$500/\$1000 80% Co-Ins. Copay 25/50	Monthly Employer Contribution	Monthly Employee Contribution	Weekly Employee Contribution 6/1/16-5/31/17	Employee Pays	(Last Year) Weekly Employee Contribution 6/1/15- 5/31/16	Yearly Cost Difference Over Last Year
Single	\$611.00	\$572.00	\$39.00	\$9.00	6.4%	\$7.38	\$84.00
Single+Spouse	\$1,308.00	\$1,144.00	\$164.00	\$37.85	12.5%	\$33.46	\$228.00
Single+Child(ren)	\$1,219.00	\$1,144.00	\$75.00	\$17.31	6.2%	\$14.08	\$168.00
Family	\$1,894.00	\$1,144.00	\$750.00	\$173.08	39.6%	\$162.23	\$564.00

  

(Plan C) [REDACTED]	[REDACTED] HDHP \$2600/\$5200 Deduct	Monthly Employer Contribution	Monthly Employee Contribution	Weekly Employee Contribution 6/1/16-5/31/17	Health Savings Account (HSA) Contribution/ Month	Yearly employer HSA contributions + premium cost difference to employee	
						B	A
Single	\$420.00	\$420.00	\$0.00	\$0.00	\$152.00	\$2,292.00	\$3,072.00
Single+Spouse	\$900.00	\$838.00	\$62.00	\$14.31	\$306.00	\$4,896.00	\$6,564.00
Single+Child(ren)	\$838.00	\$838.00	\$0.00	\$0.00	\$306.00	\$4,572.00	\$6,120.00
Family	\$1,303.00	\$838.00	\$465.00	\$107.31	\$306.00	\$7,092.00	\$9,504.00

- The health plans will not be referred to as A, B and C by [REDACTED] open enrollment purposes. This is just our internal naming system.
- Guardian Dental Plan will not change and it is still fully paid by employer
- Employer paid life, short term and long term disability will be offered to all FT employees whether or not they are on one of our health plans.
- Any vision plan selected is employee paid. The rates and benefits are the same as last renewal.
- Employees will be able to utilize an employee paid Flexible Spending Accounts(FSA) for dependent care or medical expenses(restrictions apply if the employee has a Health Savings Account(HSA)).
- If the HDHP(Plan C) is chosen, the employee will also be able to contribute to their Health Savings Account(HSA) up to a certain limit.
- Employees that are not on a health plan will receive an additional \$70/week in taxable income (up from \$60/week last year).

## Plan Detail Report

Current	Renewal	Alternate Plans
Old EPO Plan (no longer offered)	New EPO - Plan A	New EPO - Plan B
Medical All Summary Information shown for Medical plans is based on Employee Responsibility	Medical All Summary Information shown for Medical plans is based on Employee Responsibility	Medical All Summary Information shown for Medical plans is based on Employee Responsibility
CalYr Deductible (Ind/Fam):	\$500/ \$1,000	\$500/ \$1,000
Carrier Coinsurance:	100%	100%
Member Coinsurance:	0%	0%
CalYr OOP Max (Incl Ded) (Ind/Fam):	\$3,000/ \$6,000	\$3,000/ \$6,000
Primary Office Visit:	\$30	\$15; VV \$15
Specialist Office Visit/Referral:	\$50/ No	\$30/ No
Inpatient/Outpatient:	0% after ded/ 0% after ded	0% after ded/ 0% after ded
Emergency Room (In-Area):	\$200	\$125
Prescription (Rx):	\$10/ \$30/ \$50/ N/A	\$10; Spec \$10/ \$35; Spec \$100/ \$60; Spec \$200/ N/A
Diagnostic X-Ray, Scans & Lab:	L\$0;X\$0;ADV\$150	L&X-\$0;ADV 0%ad
Monthly Premium	Monthly Premium	Monthly Premium
Employee	\$582.00	\$676.00
Employee+Spouse	\$1,245.00	\$1,447.00
Employee+Child (ren)	\$1,161.00	\$1,348.00
Family	\$1,803.00	\$2,095.00
		\$611.00
		\$1,308.00
		\$1,219.00
		\$1,894.00

Date Prepared 3/1/2016

Effective Date 6/1/2016

Current		Renewal		Alternate Plans	
Old HDHP (no longer offered)		New HDHP - Plan C		Plan not being offered by [REDACTED]	
Medical: All Summary Information shown for Medical plans is based on Employee Responsibility		All Summary Information shown for Medical plans is based on Employee Responsibility		All Summary Information shown for Medical plans is based on Employee Responsibility	
CalYr Deductible (Ind/Fam):	\$2,000/ \$4,000		\$2,600/ \$5,200		\$4,000/ \$8,000
Carrier Coinsurance:	100%		100%		100%
Member Coinsurance:	0%		0%		0%
CalYr OOP Max (Incl Ded) (Ind/Fam):	\$5,000/ \$10,000		\$6,000/ \$12,000		\$6,250/ \$12,500
Primary Office Visit:	\$25 after ded		\$30ad; VV \$25ad		\$30ad; VV \$25ad
Specialist Office Visit/Referral:	\$50 after ded/ No		\$60 after ded/ No		\$60 after ded/ No
Inpatient/Outpatient:	\$500dy aft ded/ \$500 after ded		\$500 after ded/ \$300 after ded		\$500 after ded/ \$300 after ded
Emergency Room (In-Area):	\$200 after ded		\$350 after ded		\$350 after ded
Prescription (Rx):	\$10 after ded/ \$35 after ded/ \$60 after ded/ N/A		Ded+ \$10/Sp\$10/ Ded+ \$35/Sp\$100/ Ded+ \$60/Sp\$200/ N/A		Ded+ \$10/Sp\$10/ Ded+ \$35/Sp\$100/ Ded+ \$60/Sp\$200/ N/A
Diagnostic X-Ray, Scans & Lab:	L\$0;X\$0;ADV\$150		L/X-Ded;AD\$300ad		L/X-Ded;AD\$300ad
	Monthly Premium		Monthly Premium		Monthly Premium
Employee	\$426.00	Employee	\$420.00	Employee	\$386.00
Employee+Spouse	\$912.00	Employee+Spouse	\$900.00	Employee+Spouse	\$827.00
Employee+Child(ren)	\$850.00	Employee+Child(ren)	\$838.00	Employee+Child(ren)	\$771.00
Family	\$1,320.00	Family	\$1,303.00	Family	\$1,198.00

Old HSA Employer Contributions  
Employee Only - \$124/month  
Other three types - \$250/month

New HSA Employer Contributions  
Employee Only - \$152/month  
Other three types - \$306/month