

## Health & Welfare Benefit Revisions 2017

### Plan A

Benefit and Payment Provisions	In-Network	Out-of-Network
Deductible	\$400 Single / \$1,200 Family	\$550 Single / \$1,650 Family
Out-of-Pocket Maximum	\$2,000 Single / \$5,000 Family	\$4,000 Single / \$10,000 Family
Coinsurance	Plan pays 80%	Plan pays 60%
Emergency Room Charge	\$200	\$200
Pharmacy Deductible	\$100	N/A
Pharmacy Out-of-Pocket Maximum	\$3,000 Single/ \$5,000 Family	N/A
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$40 Max Single Source Brand: 25% Coins. / \$20 Min / \$80 Max	N/A
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$120 Max Single Source Brand: 25% Coins. / \$40 Min / \$240 Max	N/A

**Plan A: Eligibility for 2017 - Please note that average hours paid in 2016/2017 must average at least 32 per week to be eligible for Plan A dependent coverage in calendar year 2017/2018.**

### Plan B

Benefit and Payment Provisions	In-Network	Out-of-Network
Deductible	\$450 Single / \$1,350 Family	\$600 Single / \$1,800 Family
Out-of-Pocket Maximum	\$2,250 Single / \$5,625 Family	\$4,500 Single / \$11,250 Family
Coinsurance	Plan pays 75%	Plan pays 60%
Emergency Room Charge	\$200	\$200
Pharmacy Deductible	\$150	N/A
Pharmacy Out-of-Pocket Maximum	\$3,000 Single/ \$5,000 Family	N/A
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$45 Max Single Source Brand: 25% Coins. / \$20 Min / \$90 Max	N/A
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$135 Max Single Source Brand: 25% Coins. / \$40 Min / \$270 Max	N/A

### Plan C

Benefit and Payment Provisions	In-Network	Out-of-Network
Deductible	\$550 Single / \$1,650 Family	\$700 Single / \$2,100 Family
Out-of-Pocket Maximum	\$2,500 Single / \$6,250 Family	\$5,000 Single / \$12,500 Family
Coinsurance	Plan Pays 70%	Plan pays 60%
Emergency Room Charge	\$200	\$200
Pharmacy Deductible	\$200	N/A
Pharmacy Out-of-Pocket Maximum	\$3,000 Single/ \$5,000 Family	N/A
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$50 Max Single Source Brand: 25% Coins. / \$20 Min / \$100 Max	N/A
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$150 Max Single Source Brand: 25% Coins. / \$40 Min / \$300 Max	N/A

**Plan C: The eligibility guideline to choose Plan B coverage after 48 months of employment will be lengthened to 72 months effective January 1, 2017.**

### Plan D

#### Higher Deductible Plan For New Employees Hired on or After 01/01/2017

**Plan Eligibility: 25 hours worked average per week for Unit 2; 35 hours worked average per week for Unit 1**

Benefit and Payment Provisions	In-Network	Out-of-Network
Deductible	\$1,250 Single / \$3,750 Family	\$2,500 Single / \$7,500 Family
Out-of-Pocket Maximum	\$2,500 Single / \$6,250 Family	\$5,000 Single / \$12,500 Family
Coinsurance	Plan pays 70%	Plan pays 60%
Emergency Room Charge	\$200	\$200
Pharmacy Deductible	\$200	N/A
Pharmacy Out-of-Pocket Maximum	\$3,000 Single/ \$5,000 Family	N/A
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$50 Max Single Source Brand: 25% Coins. / \$20 Min / \$100 Max	N/A
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$150 Max Single Source Brand: 25% Coins. / \$40 Min / \$300 Max	N/A

#### ERIP (Early Retirement Incentive Program) benefits effective June 1, 2017

- Age eligibility requirement with 20 or more years of service changes from age 60-64 to age 62-64
- 40 years of service eligibility (without age requirement) terms May 31, 2017