

CBJ Comparison Benefit Plan Year July 2016–June 2017

BENEFIT	Economy	Standard	Premium
<u>Medical</u> Annual Deductible	\$500 / Individual \$1000 / Family	\$250 / Individual \$500 / Family	\$150 / Individual \$300 / Family
Plan Pays Based on allowable amount	80% of the allowable amount	80% of the allowable amount	80% of the allowable amount
Out of Pocket Limit (including Deductible)			
Individual	\$2500	\$1750	\$1150
Family (2 member)	\$5000	\$3500	\$2300
Family (3+ member)	\$7000	\$5000	\$3300
<u>Prescription Drugs</u>	\$50 deductible max OOP \$1500 member pays \$10 for generic 40% for brand (30 day supply) \$10/\$35 mail order (90 day supply) You must pay the difference if generic is available Tier 4 –Specialty medications \$100 Co-pay per prescription	\$50 deductible max OOP \$1000 member pays \$10 for generic 30% for brand (30 day supply) \$10/\$30 mail order (90 day supply) You must pay the difference if generic is available Tier 4 –Specialty medications \$100 Co-pay per prescription	\$50 deductible max OOP \$500 member pays \$10 for generic 20% for brand (30 day supply) \$10/\$25 mail order (90 day supply) You must pay the difference if generic is available Tier 4 –Specialty medications \$100 Co-pay per prescription
Annual/Lifetime Maximum	None	None	None
<u>Vision</u> Plan Pays Frequency	<u>No benefit</u>	100% of the allowable Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year)	100% of the allowable Exam/lenses: 1x PPY Frames/contacts: \$225 (Per Benefit Year)
CBJ Contribution	\$1260.00	\$1260.00	\$1260.00
Emp Cont. Biweekly	\$0	\$70.00	\$93.40
Healthy Rewards EE	\$0	\$20.00	\$43.40
EE/ Family Biweekly	\$88.20	\$155.40	\$186.40
Healthy Rewards Family	\$38.20	\$105.40	\$136.40
<p>Dental benefits are no longer included as part of your medical/vision/Rx plan. You must enroll in dental coverage separately, however there is no additional cost to you for the dental plan. If you are enrolling in an individual plan, you can only enroll in an individual dental plan. Due to the Affordable Care Act, you can opt out if you choose, but we do not recommend it.</p>			
<u>Dental</u> Annual Deductible	\$50 / Individual \$150 / Family		
Plan Pays Preventative	100% of the allowable –deductible waived		
General Major	80% of the allowable 50% of the allowable		
Individual Maximum	\$2000		