

Plan Design Changes for Local 817 Plan effective 2/1/2021

Minimum 140 units

➤ Medical Plan

- Preventive visits continue with no Copay
- Increase PCP Copay from \$10 per Visit to \$15 (non-Preventive)
- Increase Specialist Copay from \$10 per Visit to \$25

➤ Prescription Drug Plan

- Generic Copays remain at \$5 at Retail and \$10 at Mail Order
- Copays for brand \$15 preferred brand and \$25 non-preferred brand, for mail order copay is two-times the retail script copay



Local 817 COVID Plan effective 2/1/2021 – 100 -139 Units

➤ Medical Plan

➤ Preventative Services – In Network covered in Full, Out of Network -deductible & coinsurance.

- PCP Copay/Specialist Copay \$35 per Visit (non-Preventive) In Network not subject to deductible.

Out of Network – Deductible & coinsurance

- Annual Network Deductible \$300 Individual/\$600 Family
- Network Out- of Pocket Max \$2,750 Individual/\$5,500 Family
- Coinsurance – In Network – 80% coinsurance. Out of Network – 60% coinsurance
- Inpatient Hospital \$250 per confinement Copay
- Emergency Room \$200 Copay
- Urgent Care \$35 in Network, Out of Network – deductible & coinsurance

➤ Prescription Drug Plan

- Generic Copays remain at \$5 at Retail and \$10 at mail order
- Copays for brand \$15 preferred brand and \$30 non-preferred brand, for mail order copay is two-times the retail scrip copay
- \$50 annual per person Deductible

