



Proposed Healthcare Changes 2021

CURRENT COVERAGE

PROPOSED CHANGE

ER co-pay waived Mon – Fri after 8pm and before 9am, Sat after 12pm and all-day Sunday.

ER co-pays are no longer waived, but when any covered member utilizes an urgent care facility, physician office visit or telemed provider first and then is sent to the ER, member may appeal \$100 of the copay amount. Documentation of the urgent care facility, physician’s office or telemed provider visit must be included in the appeal request, the additional \$100 co pay is waived for that visit. Please note, as part of the plan, there is no ER co-pay if admitted.

Benefit waiting periods are upon hire up to 90 days, depending on union affiliation.

Benefits would be available to all new employees upon hire.

Prescription co-pay reimbursement program reimburses 80% of RX co-pays once \$100/\$200 deductible is satisfied.

Eliminate program effective 01/01/2021. All claims, dated prior to 12/31/2020, must be submitted for reimbursement no later than 03/31/2021.

Prescription drug co-pays are currently \$6.00 generic, \$15.00 preferred brand, \$30.00 non-preferred brand.

Generic co-pays will be \$0.00. Tier 2 remains at \$15.00 and Tier 3 remains at \$30.00

Spousal/child hardship language is different in all contracts.

Special consideration will be given to cases of demonstrated hardship due to excessive premiums based on spousal income. An “excessive premium” is identified in the following circumstances: a. A Spouse whose gross base income is less than \$30,000 who is required to pay 30% or more of their premium cost for “employee only” primary coverage; b. A Spouse whose gross base income is more than \$30,001 but less than \$50,000 must accept their employer’s plan for “employee only” coverage. However, if the Spouse is required to pay 40% or more of their premium cost for “family” coverage, the eligible dependents may be eligible to enroll in this Plan as primary and the Spouse may be eligible for coverage under this Plan as secondary; c. A Spouse whose gross base income is more than \$50,001 must accept their employer’s plan coverage and must carry any eligible dependents in accordance with the “birthday rule”. The Spouse and dependents may be eligible for secondary coverage through this Plan.

Dental coverage for Type B (major and minor restorative) services are \$1000 to \$1300 per year depending on union affiliation.

Coverage will be increased to \$1300.00 per year Type B (major and minor restorative) services for all employees.

Dental coverage for Type C (orthodontia) services are \$1000 to \$1300 per lifetime depending on union affiliation.

Coverage will be increased to \$1300.00 per lifetime for Type C (orthodontia) services for all employees.

Chiropractic coverage is \$500.00 to \$1000.00 annual maximum depending on union affiliation.

Coverage will be increased to \$1000.00 annual max for all employees.

Exempt prescription co-pays are \$2.00/\$8.00.

Prescription co-pays will be same as all others, \$0.00/\$15.00/\$30.00.

Exempt ER co-pays are \$25.00.

ER Co-pay will be same as all others, \$200.00.