Retiree/LTD Medical Plans

For participants who are not eligible for Medicare

	AETNA PLAN 1	AETNA PLAN 2	AETNA PLAN 3	AETNA PLAN 4**	AETNA PLAN 5 ***
PROVIDER NETWORK	Aetna POS II (Open Access)				
HSA contribution from BSA (Individual/Family*)	N/A	N/A	N/A	$500/$1,000	N/A
Maximum employee HSA contribution (Individual/Family*)	N/A	N/A	N/A	$3,900/$7,750	N/A
IN-NETWORK					
Copay (PCP/Specialist) (per visit)	$20/$35	$25/$40	$30/$45	Deductible & coinsurance	$30/$45
Deductible/year (Individual/Family*)	$0	$150/$300	$300/$600	$1,700/$3,400	$300/$600
Coinsurance	0%	10%	20%	20%	20%
Medical out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$5,100/$10,200	$1,000/$2,000	$2,000/$4,000	$3,500/$8,000 Medical & prescription drugs combined	$2,000/$4,000
Prescription drugs out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000		$1,500/$3,000
Emergency room (per visit)	$100	$150	$200	Deductible & coinsurance	$200
Inpatient hospital (per admission)	$500	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery (per visit)	$100	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
CVS Virtual (per telephonic visit)	$20	$25	$30	Deductible & coinsurance	$30
CVS Virtual Mental Health (per telephonic visit)	$20	$25	$30	Deductible & coinsurance	$30
Walk-in clinic (per visit)	$20	$25	$30	Deductible & coinsurance	$30
Urgent care center (per visit)	$50	$50	$50	Deductible & coinsurance	$50
X-ray/laboratory	Covered in full	$20	$20	Deductible & coinsurance	$20
Complex imaging (MRI, CT Scan, …)	$50	$50	$50	Deductible & coinsurance	$50
Hearing Aids	Covered in full	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Routine eye exam	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)
Routine physical (limits apply)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
OUT-OF-NETWORK					
Deductible (Individual/Family*)	$1,000/$3,000	$1,500/$4,500	$2,000/$6,000	$2,600/$5,200	$500/$1,000
Coinsurance	30%	30%	30%	40%	30%
Out-of-pocket maximum/year (includes deductible & coinsurance) (Individual/Family)	$3,500/$10,500	$5,000/$15,000	$6,000/$18,000	$6,000/$12,000	$6,000/$18,000
PRESCRIPTION DRUGS (in-network only)					
Deductible/year (Individual/Family*) (Deductible is combined for retail & mail order)	$100/$300	$100/$300	$100/$300	Medical & prescription drugs combined	$100/$300
RETAIL: up to 30-day supply					
Tier 1 (generic)	$10	$10	$10	$10 after deductible	$10
Tier 2 (brand name in Aetna's formulary)	$25	$30	$35	$35 after deductible	$35
Tier 3 (brand name not in Aetna's formulary)	$40	$50	$60	$60 after deductible	$60
Tier 4 (specialty drugs)	$50	$60	$70	$80 after deductible	$70
MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)					
Tier 1 (generic)	$20	$20	$20	$20 after deductible	$20
Tier 2 (brand name in Aetna's formulary)	$50	$60	$70	$70 after deductible	$70
Tier 3 (brand name not in Aetna's formulary)	$80	$100	$120	$120 after deductible	$120
Tier 4 (specialty drugs)	N/A	N/A	N/A	N/A	N/A

Category	Contributions as a % of Medical Plan Cost	Coverage	Monthly Contribution			
			Plan 1	Plan 2	Plan 3	Plan 4
• Former non-IBEW employees who retired before 1/1/02 • Former IBEW employees who retired before 1/1/04 • Former IBEW employees who were approved for BSA LTD Plan benefits after 12/31/11 and are receiving such benefits	30%	1 Person	$471.93	$453.05	$429.25	$414.61
		2 People	$979.92	$940.69	$891.29	$848.23
		3 or More People	$1,302.77	$1,250.63	$1,184.94	$1,127.82
• Former non-IBEW employees who were hired before 1/1/11 and retired after 12/31/01 • Former IBEW employees who were hired before 1/1/11 and retired after 12/31/03 • Former non-IBEW employees who were approved for BSA LTD Plan benefits after 12/31/08 and are receiving such benefits	40%	1 Person	$629.24	$604.06	$572.33	$552.81
		2 People	$1.306.56	$1254.25	$1,188.38	$1,130.97
		3 or More People	$1,737.03	$1,667.50	$1,579.92	$1,503.76
• All employees hired on or after 1/1/11 who retire	50%	1 Person	$786.55	$755.08	$715.41	$691.02
		2 People	$1,633.20	$1,567.82	$1,485.48	$1,413.71
		3 or More People	$2,171.29	$2,084.38	$1,974.90	$1,897.71