101111111111111111111111111111111111111	HEALIH INSURANCE KATES		2016	Rates per	month	2017	Rates per	month		OIT KATE R PAY PEF	
			Medical	Rx	Total	Medical	Rx	Total	County	Employee	
			Premium	Premium	per month	Premium	Premium	per month	•	share per	Per pay
Classic Blue Excellus BCBS; Pres	scription Benefits from ProAct							• •	month	month	period
						,					
White Collar , Blue Collar	Annual Deductible: \$100 Individual \$200 Family	Individual	\$642.52	\$162.21	\$804.73	\$674.65	\$170.32	\$844.97	\$675.98	\$168.99	\$84.50
Management/Confidential	20% Co-Insurance, max OOP \$800	Family	\$1,392.49	\$351.62	\$1,744.11	\$1,462.11	\$369.20	\$1,831.31	\$1,465.05	\$366.26	\$183.13
Elected Officials All Retirees	Lifetime maximum - None Healthcare Reform - dependents to age 26										
COBRA Plan A	Rx co-pay: \$5/\$20/\$35, 2x @ Mail										
COBINIT tun 71	80/20 employer/employee percent share										
Road Patrol Employees	Annual Deductible: \$100 Individual \$200 Family	Individual	\$642.52	\$231.97	\$874.49	\$674.65	\$243.57	\$918.22	\$780.49	\$137.73	\$68.87
	20% Co-Insurance, max OOP \$800	Family	\$1,392.49	\$502.09	\$1,894.58	\$1,462.11	\$527.19	\$1,989.30	\$1,690.91	\$298.40	\$149.20
	Lifetime maximum - None										
	Healthcare Reform - dependents to age 26										
CORDA DI A I	Rx co-pay: \$5/\$15/\$25 Road Patrol Civil, 1x @ M	ail									
COBRA Plan A-1	Rx co-pay: \$5/\$15/\$30 Road Patrol, 1x @ Mail 85/15 employer/employee percent share										
Library Employees	Annual Deductible: \$100 Individual \$200 Family	Individual	\$642.52	\$230.72	\$873.24	\$674.65	\$242.26	\$916.91	\$742.26	\$130.98	\$65.49
Support Staff	20% Co-Insurance, max OOP \$800	Family	\$1,392.49	\$500.09	\$1,892.58	\$1,462.11	\$525.09	\$1,987.20	\$1,608.70	\$283.88	\$141.94
	Lifetime maximum - None					,					
	Healthcare Reform - dependents to age 26										
COBRA Plan A-2	Rx co-pay: \$5/\$10/\$25, 2x @ Mail										
I the England	85/15 employer/employee percent share  Annual Deductible: \$100 Individual \$200 Family	Individual	\$642.52	\$230.72	\$873.24	\$674.65	\$242.26	\$916.91	\$742.26	\$130.98	\$65.49
Library Employees Professional Staff Association	20% Co-Insurance, max OOP \$800	Family	\$1,392.49	\$500.09	\$1,892.58	\$1,462.11	\$525.09	\$1,987.20	\$1,608.70	\$283.88	\$141.94
Trofessional Staff Association	Lifetime maximum - None	Tallilly	\$1,392.49	\$300.09	\$1,692.36	\$1,402.11	\$323.09	\$1,767.20	φ1,000.70	φ205.00	φ1 <b>-11.</b> 2-4
	Healthcare Reform - dependents to age 26										
COBRA Plan A-2	Rx co-pay: \$5/\$10/\$25, 2x @ Mail										
	85/15 employer/employee percent share					,				T	
Corrections Unit	Annual Deductible: \$100 Individual \$200 Family	Individual	\$654.37	\$162.21	\$816.58	\$687.09	\$170.32	\$857.41	\$685.93	\$171.48	\$85.74
	20% Co-Insurance, max OOP \$400	Family	\$1,418.31	\$351.62	\$1,769.93	\$1,489.23	\$369.20	\$1,858.43	\$1,486.74	\$371.69	\$185.84
	Lifetime maximum - None Healthcare Reform - dependents to age 26										
COBRA Plan B	Rx co-pay: \$5/\$20/\$35, 2x @ Mail										
	80/20 employer/employee percent share										
TC3 (all bargaining units and	Annual Deductible: \$100 Individual \$200 Family	Individual	\$654.37	\$162.21	\$816.58	\$687.09	\$170.32	\$857.41	\$685.93	\$171.48	\$85.74
non-unionized staff)	20% Co-Insurance, max OOP \$400	Family	\$1,418.31	\$351.62	\$1,769.93	\$1,489.23	\$369.20	\$1,858.43	\$1,486.74	\$371.69	\$185.84
	Lifetime maximum - None										
CSEA	Healthcare Reform - dependents to age 26										
Faculty Administrators	Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share										
Culinary Center	80/20 employer/employee percent share										
TC3 Farm											
Faculty Student Association											
CORRA DI C											
COBRA Plan C											

Road Patrol   S10 Office Co-Pay   Individual   S641.38   \$230.72   \$872.10   \$673.45   \$242.26   \$915.71   \$778.35   \$137.36   \$878.31   \$10 Office Co-Pay   Primary Care Physician not required Lifetime maximum - None Healthcare Reform - dependents to age 26 \$35 Emergency Roam Co-Pay \$25 Urgent Care Co-Pay   Out of network deductible \$250 Individual, \$750 Family Out of network deductible \$250 Individual, \$3,000 Family Rx co-pay; \$558 (105.25, 2x @ Mail 85/15 employee/employee percent share   Family S1,388.24   \$351.62   \$1,739.86   \$1,457.65   \$369.20   \$1,886.33   \$343.77   \$4675.02   \$168.75   \$467.03   \$4				2016 Rates per month		2017 Rates per month			PER PAY PERIO		CIOD	
Road Patrol   S10 Office Co-Pay   Individual   S641.38   \$230.72   \$872.10   \$673.45   \$242.26   \$915.71   \$778.35   \$1373.36   \$878.04   \$10 Office Co-Pay   S15 Urgent Care Co-Pay   Out of network deductible \$250 Individual, \$750 Family   S1,388.24   \$350.09   \$1,888.33   \$1,457.65   \$525.09   \$1,982.74   \$4,685.33   \$297.41   \$1   \$1   \$1,388.24										County Employee		
Road Patrol   \$10 Office Co-Pay   Individual   \$641.38   \$230.72   \$872.10   \$673.45   \$242.26   \$915.71   \$778.35   \$137.36   \$878.27   \$10 April   \$1,388.24   \$1,497.65				Premium	Premium	per month	Premium	Premium	per month	share per	share per	Per pay
Family   S1,388.24   S500.09   S1,888.33   S1,457.65   S525.09   S1,982.74   S1,085.33   S297.41   S1	PPO Excellus BCBS; Prescription Benefits from ProAct									month	month	period
Family   \$1,388.24   \$500.09   \$1,888.33   \$1,457.65   \$525.09   \$1,982.74   \$1,685.33   \$297.41   \$1			<b>r</b>									
Library (all bargaining units)  Lifetime maximum - None Healthcare Reform - dependents to age 26 \$35 Emergency Room Co-Pay \$25 Urgent Care Co-Pay Out of network deductible \$250 Individual, \$750 Family Out of network community Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5/\$10/\$25, 2x @ Mail 85/15 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct TC3 (all bargaining units and non- unionized staff) Primary Care Physician not required Lifetime maximum - None  Individual S641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ Family \$1,388.24 \$351.62 \$1,739.86 \$1,457.65 \$369.20 \$1,826.85 \$1,461.48 \$365.37 \$  S10 Office Co-Pay Healthcare Reform - dependents to age 26 Faculty \$355 Emergency Room Co-Pay Administrators \$25 Urgent Care Co-Pay Culinary Center TC3 Farm Out of network deductible \$250 Individual, \$750 Family COBRA Plan D-1 Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections S10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None	Road Patrol	· · · · · · · · · · · · · · · · · · ·							\$915.71			\$68.68
Healthcare Reform - dependents to age 26   S35 Emergency Room Co-Pay   S25 Urgent Care Co-Pay   Out of network deductible \$250 Individual, \$750 Family Out of network 20% co-insurance Out o			Family	\$1,388.24	\$500.09	\$1,888.33	\$1,457.65	\$525.09	\$1,982.74	\$1,685.33	\$297.41	\$148.71
\$35 Emergency Room Čo-Pay \$25 Urgent Care Co-Pay  Out of network deductible \$250 Individual, \$750 Family Out of network deductible \$250 Individual, \$3,000 Family COBRA Plan D  Rx co-pay: \$5750552, 2x @ Mail 85/15 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct TC3 (all bargaining units and non- \$10 Office Co-Pay unionized staff) Primary Care Physician not required Lifetime maximum - None  CSEA Healthcare Reform - dependents to age 26 Faculty \$35 Emergency Room Co-Pay Administrators \$25 Urgent Care Co-Pay Culinary Center TC3 Farm Out of network deductible \$250 Individual, \$750 Family Out of network max OOP \$1,000 Individual, \$3,000 Family COBRA Plan D-1 Rx co-pay: \$5505352, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$980.00 \$180.00	Library (all bargaining units)											
S25 Urgent Care Co-Pay		1										
Out of network deductible \$250 Individual, \$750 Family Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$58107552, x @ Mail 85/15 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct TC3 (all bargaining units and non- \$10 Office Co-Pay Unionized staff) Primary Care Physician not required Lifetime maximum - None CSEA Healthcare Reform - dependents to age 26 Faculty \$35 Emergency Room Co-Pay Administrators CUlinary Center TC3 Farm Out of network deductible \$250 Individual, \$750 Family Faculty Student Association Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family COBRA Plan D-1 Rx co-pay: \$57520353, 2 x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None												
Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5,5810/\$25, 2x @ Mail 85/15 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct TC3 (all bargaining units and non- \$10 Office Co-Pay unionized staff)		\$25 Urgent Care Co-Pay										
Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5,510/\$52, 2x @ Mail 85/15 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct TC3 (all bargaining units and non- s10 Office Co-Pay Individual Solution and staff) Primary Care Physician not required Lifetime maximum - None CSEA Healthcare Reform - dependents to age 26 Faculty \$335 Emergency Room Co-Pay Administrators \$25 Urgent Care Co-Pay Out of network deductible \$250 Individual, \$750 Family Faculty Student Association Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family COBRA Plan D-1 Rx co-pay: \$5,803.53, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None Individual Solution Solution Solution of required Lifetime maximum - None Individual Solution Solution Solution Solution Solution Solution of Paper Physician not required Lifetime maximum - None Individual Solution S		Out of network deductible \$250 Individual \$750 Fe										
Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5/\$10/\$25, 2x @ Mail 85/15 employer/employee percent share			uiiiiy									
PPO Excellus BCBs; Prescription Benefits from ProAct   TC3 (all bargaining units and non- \$10 Office Co-Pay   Individual   \$641.38   \$162.21   \$803.59   \$673.45   \$170.32   \$843.77   \$675.02   \$168.75   \$1   \$1.388.24   \$351.62   \$1.739.86   \$1.457.65   \$369.20   \$1.826.85   \$1.461.48   \$365.37   \$1   \$1.388.24   \$351.62   \$1.739.86   \$1.457.65   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.739.86   \$1.			) Eamily									
PPO Excellus BCBS; Prescription Benefits from ProAct   TC3 (all bargaining units and non- \$10 Office Co-Pay   Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ unionized staff)   Primary Care Physician not required   Lifetime maximum - None   Healthcare Reform - dependents to age 26   Faculty   \$35 Emergency Room Co-Pay   Administrators   \$25 Urgent Care Co-Pay   Culinary Center   TC3 Farm   Out of network deductible \$250 Individual, \$750 Family   Faculty Student Association   Out of network co-insurance   Out of network max OOP \$1,000 Individual, \$3,000 Family   COBRA Plan D-1   Rx co-pay: \$5/\$20/\$35, 2x @ Mail   80/20 employer/employee percent share   Individual   \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	CORRA Plan D		Tailing									
Individual   Set	COBKA I iun D											
Individual   \$641.38   \$162.21   \$803.59   \$673.45   \$170.32   \$843.77   \$675.02   \$168.75   \$1		03/13 employer/employee percent share					<u> </u>					
Primary Care Physician not required   Eamily   \$1,388.24   \$351.62   \$1,739.86   \$1,457.65   \$369.20   \$1,826.85   \$1,461.48   \$365.37   \$1	PPO Excellus BCBS; Prescription	Benefits from ProAct										
Primary Care Physician not required   Lifetime maximum - None   Lifetime Lifetime maximum - None   Lifetime	TC3 (all bargaining units and non-	\$10 Office Co-Pay	Individual	\$641.38	\$162.21	\$803.59	\$673.45	\$170.32	\$843.77	\$675.02	\$168.75	\$84.38
Lifetime maximum - None  CSEA Healthcare Reform - dependents to age 26 Faculty \$35 Emergency Room Co-Pay Administrators \$25 Urgent Care Co-Pay Culinary Center TC3 Farm Out of network deductible \$250 Individual, \$750 Family Faculty Student Association Out of network max OOP \$1,000 Individual, \$3,000 Family  COBRA Plan D-1 Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None  Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$9675.04 \$168.75 \$170.05 \$170.05			Family			\$1,739.86		\$369.20	\$1,826.85			\$182.69
Faculty	,	Lifetime maximum - None		1		•						
Administrators \$25 Urgent Care Co-Pay Culinary Center TC3 Farm Out of network deductible \$250 Individual, \$750 Family Faculty Student Association Out of network 20% co-insurance Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None  Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$980.00 \$1,826.85 \$1,461.48 \$365.37 \$10.00 \$1	CSEA	Healthcare Reform - dependents to age 26										
Culinary Center   TC3 Farm   Out of network deductible \$250 Individual, \$750 Family   Out of network 20% co-insurance   Out of network max OOP \$1,000 Individual, \$3,000 Family   COBRA Plan D-1   Rx co-pay: \$5/\$20/\$35, 2x @ Mail   80/20 employer/employee percent share	Faculty	\$35 Emergency Room Co-Pay										
Cobs.   Corrections	Administrators	\$25 Urgent Care Co-Pay										
COBRA Plan D-1   Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share   Individual \$641.38   \$162.21   \$803.59   \$673.45   \$170.32   \$843.77   \$675.02   \$168.75   \$16	Culinary Center											
Out of network max OOP \$1,000 Individual, \$3,000 Family Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share  PPO Excellus BCBS; Prescription Benefits from ProAct Corrections \$10 Office Co-Pay Primary Care Physician not required Lifetime maximum - None  Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ Family \$1,388.24 \$351.62 \$1,739.86 \$1,457.65 \$369.20 \$1,826.85 \$1,461.48 \$365.37 \$1		Out of network deductible \$250 Individual, \$750 Fa	amily									
Rx co-pay: \$5/\$20/\$35, 2x @ Mail 80/20 employer/employee percent share	Faculty Student Association											
PPO Excellus BCBS; Prescription Benefits from ProAct   Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ Primary Care Physician not required Lifetime maximum - None   Family \$1,388.24 \$351.62 \$1,739.86 \$1,457.65 \$369.20 \$1,826.85 \$1,461.48 \$365.37 \$1			) Family									
PPO Excellus BCBS; Prescription Benefits from ProAct   Individual \$641.38 \$162.21 \$803.59 \$673.45 \$170.32 \$843.77 \$675.02 \$168.75 \$ Primary Care Physician not required Lifetime maximum - None   Life	COBRA Plan D-1											
Corrections   \$10 Office Co-Pay   Individual   \$641.38   \$162.21   \$803.59   \$673.45   \$170.32   \$843.77   \$675.02   \$168.75   \$170.32		80/20 employer/employee percent share										
Corrections   \$10 Office Co-Pay   Individual   \$641.38   \$162.21   \$803.59   \$673.45   \$170.32   \$843.77   \$675.02   \$168.75   \$170.32   \$170.32	DDO E . II . DCDC D	D . 64 6 D . A . 4		T			ı		1	1		
Primary Care Physician not required Lifetime maximum - None    Family   \$1,388.24   \$351.62   \$1,739.86   \$1,457.65   \$369.20   \$1,826.85   \$1,461.48   \$365.37   \$1	-		Individu-1	¢c41.20	¢1.c2.21	¢002.50	¢ (72 45	¢170.22	¢0.42.77	0.000.00	¢1/0 ==	\$84.38
Lifetime maximum - None	Corrections	•			· ·							
			Family	\$1,388.24	\$351.62	\$1,/39.86	\$1,457.65	\$369.20	\$1,826.85	\$1,461.48	\$365.37	\$182.69
\$35 Emergency Room Co-Pay												
\$25 Urgent Care Co-Pay		\$25 Organi Care Co-Pay										
Out of network deductible \$250 Individual, \$750 Family		Out of network deductible \$250 Individual, \$750 Family										
Out of network 20% co-insurance												
Out of network max OOP \$1,000 Individual, \$3,000 Family			) Family									
COBRA Plan D-2 Rx co-pay: \$5/\$20/\$35, 2x @ Mail	COBRA Plan D-2											
80/20 employer/employee percent share												

			2016 Rates per month		2017 Rates per month			PER PAY PER		RIOD	
			Medical Rx Total			Medical Rx Total			County	<b>Employee</b>	
			Premium	Premium	per month	Premium	Premium	per month	share per	share per	Per pay
PPO Excellus BCBS; Prescription	PPO Excellus BCBS; Prescription Benefits from ProAct								month	month	period
			<u> </u>					ı		ı	
White Collar , Blue Collar	\$10 Office Co-Pay	Individual	\$641.38	\$162.21	\$803.59	\$673.45	\$170.32	\$843.77	\$675.02	\$168.75	\$84.38
Management/Confidential	Primary Care Physician not required	Family	\$1,388.24	\$351.62	\$1,739.86	\$1,457.65	\$369.20	\$1,826.85	\$1,461.48	\$365.37	\$182.69
Elected Officials	Lifetime maximum - None										
All Retirees	Healthcare Reform - dependents to age 26										
	\$35 Emergency Room Co-Pay										
*Retiree rates distributed	\$25 Urgent Care Co-Pay										
separately.											
	Out of network deductible \$250 Individual, \$750	Family									
	Out of network 20% co-insurance										
	Out of network max OOP \$1,000 Individual, \$3,0	00 Family									
COBRA Plan D-3	Rx co-pay: \$5/\$20/\$35, 2x @ Mail										
	80/20 employer/employee percent share										
			•								
Comprehensive Value Plan; Prescr	•		<u> </u>					1			
\$500 Deductible, Maximum 3 per Fa	•	Individual	\$506.97	\$102.41	\$609.38	\$532.32	\$107.53	\$639.85	\$639.85	\$0.00	\$0.00
20% Co-Insurance maximum OOP \$	2,000 per person	Family	\$1,096.71	\$221.99	\$1,318.70	\$1,151.55	\$233.09	\$1,384.64	\$1,384.64	\$0.00	\$0.00
	ebit Card Family, Active Employees Only										
Healthcare Reform - dependents to a	ge 26										
Rx Retail: 20%/20%/40%											
Rx Mail: 15%/15%/40%											
Rx maximum OOP \$750 Individual,	\$1,500 Family										
CORP. PL F	100/0										
COBRA Plan E	100/0 employer/employee percent share										
Classic Blue Excellus BCBS; Presc			T			1			ı		
	_	T., 41., 14., 1	0640.50	¢1.62.01	¢004.72	¢674.65	¢170.20	¢044.07	\$ C## 00	\$1.C0.00	do 4 = 0
Soil & Water Conservation	Annual Deductible: \$100 Individual \$200 Family	Individual	\$642.52	\$162.21	\$804.73	\$674.65	\$170.32	\$844.97	\$675.98	\$168.99	\$84.50
District	20% Co-Insurance, max OOP \$800	Family	\$1,392.49	\$351.62	\$1,744.11	\$1,462.11	\$369.20	\$1,831.31	\$1,465.05	\$366.26	\$183.13
	Lifetime maximum - None										
	Healthcare Reform - dependents to age 26										
CORPA Plan E	Rx co-pay: \$5/\$20/\$35, 2x @ Mail										
COBRA Plan F	80/20 employer/employee percent share										
Platinum Plan Excellus BCBS; Pro	agazintian Ranafita from Duc A at		1						1		
		Individual	\$442.67	¢112.20	\$550.07	¢450.24	¢117.00	¢57.C.C2	\$461.20	6115 22	\$57.66
Blue Collar Bargaining Unit	\$15 Office Co-Pay	Individual	\$443.67	\$113.30	\$556.97	\$459.34	\$117.29	\$576.63	\$461.30	\$115.33	
hired after 5/1/2015	Primary Care Physician not required	Family	\$1,153.55	\$294.58	\$1,448.13	\$1,194.30	\$304.95	\$1,499.25	\$1,199.40	\$299.85	\$149.93
White Collar, Confidential and	Lifetime maximum - None										
Management hired after 8/1/2015	Healthcare Reform - dependents to age 26										
	\$150 Emergency Room Co-Pay										
If hire date is prior to those listed	\$25 Urgent Care Co-Pay	amailer									
above, an employee cannot migrate	In-network max OOP \$2,000 Individual, \$6,000 F										
1 2	Out of network 20% on insurance	o ranniy									
into this plan during open	Out of network 20% co-insurance	000 Eamily									
enrollment or IRS qualifying event.	Out of network max OOP \$4,000 Individual, \$12,	500 rainily									
COBRA Plan G	Rx co-pay: \$5/\$35/\$70, 2x @ Mail 80/20 employer/employee percent share										11/17/2016 8:23
COBRA FIAN G	60/20 employer/employee percent share					I					11/1//2010 8:23