Renewal Effective September 1, 2016

The EHA Board of Directors has announced the following rate and benefit change decisions for the 2016-17 contract year, effective September 1, 2016.

**Premium Rate Change**

The medical rates for all Active Employee categories will increase by 4.9%.

The medical rates for all Early Retiree categories will increase by 4.9%.

The dental rates for all participants in Dental Options 1, 3, 4, & 5 will not change. The dental rates for all participants in Dental Option 2 will increase by 4.9%.

**Benefit Changes**

1. **Deductibles**:
   a. The $500 plan deductible will increase by $100 In-Network / $200 Out-of-Network, 2x family.
   b. The $750 plan deductible will increase by $150 In-Network / $300 Out-of-Network, 2x family.
   c. The $950 plan deductible will increase by $200 In-Network / $400 Out-of-Network, 2x family.
   d. The $1,250 plan deductible will increase by $250 In-Network / $500 Out-of-Network, 2x family.
   e. The $1,650 plan deductible will increase by $350 In-Network. The Out-of-Network deductible becomes twice the In-Network deductible, 2x family.
   f. The $3,100 plan deductible will increase by $400 In-Network / $800 Out-of-Network for single coverage and by $650 In-Network / $1,300 Out-of-Network for family coverage.

2. **Out-of-Pocket Limits (including deductible, coinsurance, and copayments for medical and pharmacy services)**:
   a. The Out-of-Pocket limits for the new $600, $900, $1,150, and $1,500 deductible plans will increase by the deductible increase amounts plus $250 In-Network / $500 Out-of-Network, 2x family.
   b. The Out-of-Pocket limits for the new $2,000 deductible plan will increase by the deductible increase amounts plus $350 In-Network / $700 Out-of-Network, 2x family.

3. **Office Visit and Emergency Room Copays**:
   a. There are no changes to the office visit and emergency room copays.
4. Prescription Drug Copays
   a. Prescription Drug Copays for the new $600, $900, $1,150, and $1,500 deductible plans will be as follows:
      i. Generic: 25% Coinsurance, $5 Minimum / $25 Maximum (no change)
      ii. Formulary Brand: 25% Coinsurance, $40 Minimum / $80 Maximum
      iii. Non-Formulary Brand: 50% Coinsurance, $70 Minimum / $110 Maximum
      iv. Specialty In-Network: 25% Coinsurance, $60 Minimum / $120 Maximum
   b. Prescription Drug Copays for the new $2,000 deductible plan will be as follows:
      i. Generic: 30% Coinsurance, $7 Minimum / $30 Maximum (no change)
      ii. Formulary Brand: 30% Coinsurance, $45 Minimum / $90 Maximum
      iii. Non-Formulary Brand: 50% Coinsurance, $70 Minimum / $110 Maximum
      iv. Specialty In-Network: 25% Coinsurance, $60 Minimum / $120 Maximum