



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
  - v. Specialty Out-of-Network: 50% Coinsurance, \$170 Minimum / \$340 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
  - v. Specialty Out-of-Network: 50% Coinsurance, \$170 Minimum / \$340 Maximum