Renewal Effective September 1, 2020

The EHA Board of Directors has announced the following rate and benefit change decisions for the 2020-21 contract year effective September 1, 2020.

**Premium Rate Change**

The medical rates for all Active Employee plans will increase by 6.97%.

The medical rates for all Early Retiree plans will increase by 6.97%.

The dental rates for all participants will increase by 2.0%.

The overall increase for medical and dental coverage combined is 6.71%.

**Benefit Changes**

1. **Deductibles:**
   a. The $3,500 deductible plan will increase by $100 In-Network / $200 Out-of-Network. The family deductible increases to $7,050 In-Network / $14,100 Out-of-Network.

2. **Out-of-Pocket limits (including deductible, coinsurance, and copayments for medical and pharmacy services):**
   a. The $650 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $4,600 In-Network / $9,200 Out-of-Network, 2x family.
   b. The $850 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $4,750 In-Network / $9,500 Out-of-Network, 2x family.
   c. The $1,050 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $4,900 In-Network / $9,800 Out-of-Network, 2x family.
   d. The $1,200 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $5,000 In-Network / $10,000 Out-of-Network, 2x family.
   e. The $1,450 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $5,150 / $10,300 Out-of-Network, 2x family.
   f. The $1,900 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $5,500 In-Network / $11,000 Out-of-Network, 2x family.
g. The $2,500 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,350 In-Network / $14,700 Out-of-Network, 2x family.

h. The new $3,600 plan Out-of-Pocket limit will increase by $250 In-Network / $500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $4,250 In-Network / $12,700 Out-of-Network. The family Out-of-Pocket increases to $8,150 In-Network / $25,400 Out-of-Network.

i. The $4,000 plan Out-of-Pocket limit will decrease by $50 In-Network / $100 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $6,300 In-Network / $12,600 Out-of-Network, 2x family.

3. Office Visit and Emergency Room Copays:
   a. Copays for the $650, $850, $1,050, $1,200, $1,450, and $1,900 deductible plans will change to the following:

   Primary Office Visit Copay: $35  
   Specialist Copay: $55  
   Urgent Care Copay: $55  
   Emergency Room Copay: $85

   b. Copays for the $2,500 deductible plan will change to the following:

   Primary Office Visit Copay: $50  
   Specialist Copay: $70  
   Urgent Care Copay: $70  
   Emergency Room Copay: $100

4. Prescription Drugs
   a. Copays for the $650, $850, $1,050, $1,200, $1,450, and $1,900 deductible plans will change to the following:

   Generic 25% Coins ($10 minimum, $40 maximum)  
   Formulary Brand 25% Coins ($50 minimum, $100 maximum)  
   Non-Formulary Brand 50% Coins ($75 minimum, $150 maximum)  
   In-Network Specialty (30 Day Supply) 25% Coins ($125 minimum, $250 maximum)  
   Out-of-Network Specialty (30 Day Supply) 50% Coins ($250 minimum, $500 maximum)

   b. Copays for the $2,500 deductible plan will change to the following:

   Generic 30% Coins ($12 minimum, $45 maximum)  
   Formulary Brand 30% Coins ($55 minimum, $110 maximum)  
   Non-Formulary Brand 50% Coins ($75 minimum, $150 maximum)  
   In-Network Specialty (30 Day Supply) 25% Coins ($125 minimum, $250 maximum)  
   Out-of-Network Specialty (30 Day Supply) 50% Coins ($250 minimum, $500 maximum)