

Here's Some Local 153 Health Insurance Info

Medical and Prescription coverage through Aetna

Maximum deductible

\$400 for individual, \$1,200 for family

Out of Pocket Limit - In Network

\$1,000 for individual, \$2,000 for family

Out of Pocket Limit - Out of Network

\$1,500 for individual, \$4,000 for family

Out of Pocket Limit for Prescriptions

\$3,000 per person and \$6,000 per family

90% / 10% plan for most Network Provider Services, 70% / 30% Out of Network

You do not need a referral to see a specialist

No charge for Preventive Care, Screening, or Immunization – **IN NETWORK**

Coverage for mental health, behavioral health, substance abuse services

You have a **SUPPLEMENTAL BENEFIT ACCOUNT (SBA)**, paid into by your employer, that can be used for out of pocket costs and uncovered services.

COVERAGE EXAMPLES

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery) Total example cost:

\$20,000

THE PLAN'S OVERALL DEDUCTIBLE \$400
 SPECIALIST (COST SHARING) \$30
 HOSPITAL (FACILITY) (COST SHARING) 10%
 OTHER (COST SHARING) 10%

THIS EXAMPLE EVENT INCLUDES SERVICES LIKE:
 SPECIALIST OFFICE VISITS (PRENATAL CARE),
 CHILDBIRTH/DELIVERY PROFESSIONAL SERVICES,
 DIAGNOSTIC TESTS (ULTRASOUNDS AND BLOOD
 WORK, SPECIALIST VISIT (ANESTHESIA)

IN THIS EXAMPLE, PEG WOULD PAY: COST SHARING

DEDUCTIBLES	\$400
COPAYMENTS	\$ 0
COINSURANCE	\$1000
LIMITS OR EXCLUSIONS	\$ 0
<u>TOTAL PEG WOULD PAY IS</u>	\$1,400

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

Total example cost: **\$5,600**

THE PLAN'S OVERALL DEDUCTIBLE \$400
 SPECIALIST (COST SHARING) \$30
 HOSPITAL (FACILITY) (COST SHARING) 10%
 OTHER (COST SHARING) 10%

THIS EXAMPLE EVENT INCLUDES SERVICES LIKE:
 PRIMARY CARE PHYSICIAN OFFICE VISITS (INCLUDING
 DISEASE EDUCATION), DIAGNOSTIC TESTS (BLOOD
 WORK), PRESCRIPTION DRUGS, DURABLE MEDICAL
 EQUIPMENT (GLUCOSE METER)

IN THIS EXAMPLE, JOE WOULD PAY: COST SHARING

DEDUCTIBLES	\$400
COPAYMENTS	\$100
COINSURANCE	\$200
LIMITS OR EXCLUSIONS	\$ 0
<u>TOTAL JOE WOULD PAY IS</u>	\$700

Mia's Simple Fracture

(in-network emergency room visit and follow up care) Total example cost: **\$2,800**

THE PLAN'S OVERALL DEDUCTIBLE \$400
 SPECIALIST (COST SHARING) \$30
 HOSPITAL (FACILITY) (COST SHARING) 10%
 OTHER (COST SHARING) 10%

THIS EXAMPLE EVENT INCLUDES SERVICES LIKE:
 EMERGENCY ROOM CARE (INCLUDING MEDICAL
 SUPPLIES), DIAGNOSTIC TEST (X-RAY), DURABLE
 MEDICAL EQUIPMENT (CRUTCHES), REHABILITATION
 SERVICES (PHYSICAL THERAPY)

IN THIS EXAMPLE, MIA WOULD PAY: COST SHARING

DEDUCTIBLES	\$00
COPAYMENTS	\$150
COINSURANCE	\$00
LIMITS OR EXCLUSIONS	\$ 0
<u>TOTAL MIA WOULD PAY IS</u>	\$150