

## ATTACHMENT 5 BENEFITS

ITEM	Police Value Plan Effective 01/01/23		Police Consumer Driven Health Plan Effective 01/01/23	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Office Visits</b>				
<b>Primary Care</b>	\$25 co-pay	40% after Deductible	0% once deductible is met	0% once deductible is met
<b>Specialty Care</b>	\$50 co-pay	40% after Deductible		
<b>Co-insurance (member share)</b>	20% after deductible	40% after deductible	0% once deductible is met	0% once deductible is met
<b>Individual Deductible Individual / Family</b>	\$500 / \$1,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$4,500 / \$9,000
<b>Individual Out Of Pocket Maximum Individual / Family</b>  (effective 1/1/15 all eligible cost share amounts apply toward the Out of Pocket Maximum)  Once the Out of Pocket Maximum is met, all benefits increase to 100% coverage with no member cost sharing for the remainder of the calendar year, except for monthly employee contributions.	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,500 / \$9,000
<b>Emergency Room Facility charges</b>	\$250 Co-Pay, then 20% coinsurance. Co-pay waived if admitted	\$250 Co-Pay, then 20% coinsurance. Co-pay waived if admitted.	0% once deductible is met	0% once deductible is met
<b>Emergency Room Physician charges</b>	20% after deductible	20% after deductible	0% once deductible is met	0% once deductible is met
<b>Urgent Care</b>	\$50 co-pay	40% after deductible	0% once deductible is met	0% once deductible is met
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited

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<b>Pharmacy Program</b>				
<b>Coordination with Calendar Year Medical Deductible</b>	No	Not Applicable	Yes	Not Applicable
<b>Separate In-Network Brand Drug Deductible Per Person</b>	\$100	Not Applicable	Covered Non-Preventive Drugs are subject to the Calendar Year	Not Applicable
<b>In-Network Rx Out of Pocket Max</b>	All cost share applies to the annual Out of Pocket Maximum above	Not Applicable	All cost share applied to the annual Out of Pocket Maximum above	Not Applicable
<b>Pharmacy Co-Pays</b>				
<b>Affordable Care Act Preventive Drugs</b>	Covered at 100% No Member Cost Sharing	Not Covered	Covered at 100% No Member Cost Sharing	Not Covered
<b>Tier 1: 1-30 day supply</b>	\$10 Co-pay (or prescription cost, whichever is less)	Not Covered	Non ACA preventive drugs are subject to the same co-pay structure as the Value Plan.  All other drugs are subject to the calendar year Non ACA preventive drugs are subject to the same co-pay All other drugs are subject to the calendar year	Not Covered
<b>Tier 2: 1-30 day supply</b>	\$25 Co-pay	Not Covered		Not Covered
<b>Tier 1: Retail/Mail 90-day supply</b>	\$20 Co-pay	Not Covered		Not Covered
<b>Tier 2: Retail/Mail 90-day supply</b>	\$50 Co-pay	Not Covered		Not Covered

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<b>OTHER (Services are provided per provisions above, with following provisos)</b>				
<b>Occupational, Speech and Physical Therapy</b>	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects
<b>Serious Mental Health Physician Services - Office Visits</b>	Full Mental Health Parity - covered same as any illness	Full Mental Health Parity - covered same as any illness	Full Mental Health Parity - covered same as any illness	Full Mental Health Parity - covered same as any illness
<b>Chiropractic</b>	20% after deductible	Not Covered	In-network 0% once deductible is met	Not Covered
<b>In-Vitro Coverage</b>	20% after deductible Limit to six attempts per lifetime	40% after deductible Limit to six attempts per lifetime	0% after deductible Limit to six attempts per lifetime	0% after deductible Limit to six attempts per lifetime
<b>Routine Physical Exams (annual for age 2 and up)</b>	0%	40% after deductible	0%	0% after deductible
<b>Dependent Children Well Visits</b>	0% birth to age 2 with no annual \$ limit	40% after deductible	0% birth to age 2 with no annual \$ limit	0% after deductible
<b>Pap, Mammogram, PSA</b>	Covered at 100% annually, age and gender appropriate	40% after deductible	Covered at 100% annually, age and gender appropriate	0% after deductible
<b>Immunizations</b>	0%	40% after deductible	0%	0% after deductible

Semi-Monthly Employee Contributions								
	2023		2024		2025		2026	
	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP
EE Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE & Spouse	\$66.62	\$0.00	\$73.28	\$0.00	\$80.61	\$0.00	\$88.67	\$0.00
EE & Children	\$44.65	\$0.00	\$49.12	\$0.00	\$54.03	\$0.00	\$59.43	\$0.00
EE & Family	\$110.54	\$0.00	\$121.59	\$0.00	\$133.75	\$0.00	\$147.13	\$0.00

Health Savings Account (H.S.A.) Annual City Contributions (only for CDHP)								
(Voluntary employee contributions may be made to a Flexible Spending Account if the employee is not eligible for the H.S.A)								
	2023		2024		2025		2026	
	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP
EE Only	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00
EE & Spouse	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00
EE & Children	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00
EE & Family	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00