

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
Office Visits				
Primary Care	\$25 co-pay	40% after Deductible	0% once deductible is met	0% once deductible is met
Specialty Care	\$50 co-pay	40% after Deductible		
Co-insurance (member share)	20% after deductible	40% after deductible	0% once deductible is met	0% once deductible is met
Individual Deductible Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Individual Out Of Pocket Maximum Individual / Family (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
Emergency Room Facility charges	\$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
Emergency Room Physician charges	20% after deductible	20% after deductible	0% once deductible is met	0% once deductible is met
Urgent Care	\$50 co-pay	40% after deductible	0% once deductible is met	0% once deductible is met
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited

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Pharmacy Program				
Coordination with Calendar Year Medical Deductible	No	Not Applicable	Yes	Not Applicable
Separate In-Network Brand Drug Deductible Per Person	\$100	Not Applicable	Covered Non-Preventive Drugs are subject to the Calendar Year	Not Applicable
In-Network Rx Out of Pocket Max	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
Pharmacy Co-Pays				
Affordable Care Act Preventive Drugs	Covered at 100% No Member Cost Sharing	Not Covered	Covered at 100% No Member Cost Sharing	Not Covered
Tier 1: 1-30 day supply	\$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
Tier 2: 1-30 day supply	\$25 Co-pay	Not Covered		Not Covered
Tier 1: Retail/Mail 90-day supply	\$20 Co-pay	Not Covered		Not Covered
Tier 2: Retail/Mail 90-day supply	\$50 Co-pay	Not Covered		Not Covered

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OTHER (Services are provided per provisions above, with following provisos)				
Occupational, Speech and Physical Therapy	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
Serious Mental Health Physician Services - Office Visits	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
Chiropractic	20% after deductible	Not Covered	In-network 0% once deductible is met	Not Covered
In-Vitro Coverage	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
Routine Physical Exams (annual for age 2 and up)	0%	40% after deductible	0%	0% after deductible
Dependent Children Well Visits	0% birth to age 2 with no annual \$ limit	40% after deductible	0% birth to age 2 with no annual \$ limit	0% after deductible
Pap, Mammogram, PSA	Covered at 100% annually, age and gender appropriate	40% after deductible	Covered at 100% annually, age and gender appropriate	0% after deductible
Immunizations	0%	40% after deductible	0%	0% after deductible