



White Management 2014

old rates

Current New Rates

New HD PLAN

PPO

HD

					Current Plan (2013)		Dual Option 1			
					CDPHP		CDPHP 2014		CDPHP	
					P20K1L14/PPO		P20K1L14/PPO		QPPOL2714/HD PPO	
					In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Rates		Subs	Dual							
Single		42	23	19	\$510.65		\$584.57		\$334.88	
2 Person		15	10	5	\$1,068.31		\$1,222.95		\$700.58	
Emp/Child(ren)		0	0	0	\$0.00		\$0.00		\$0.00	
Family		11	10	1	\$1,336.22		\$1,529.67		\$876.30	
							\$491,656		\$128,903	
Deductible										
	Individual				\$1,000	\$1,000	\$1,000	\$1,000	\$6,350	\$6,350
	Family				\$2,500	\$2,500	\$2,500	\$2,500	\$12,700	\$12,700
Coinsurance										
					20%	30%	20%	30%	0%	20%
Out-of-Pocket Maximum										
	Individual				\$1,500	\$3,000	\$1,500	\$3,000	\$6,350	\$6,350
	Family				\$3,750	\$7,500	\$3,750	\$7,500	\$12,700	\$12,700
Hospitalization										
					Ded/coin	Ded/coin	Ded/coin	Ded/coin	Deduct	Deduct
Emergency Room										
					Ded/coin	Ded/coin	Ded/coin	Ded/coin	Deduct	Deduct
Urgent Care										
					\$30	Ded/coin	\$30	Ded/coin	Deduct	Deduct
Office Visit										
					\$20	Ded/coin	\$20	Ded/coin	Deduct	Deduct
Preventative Care										
					100%	Ded/coin	100%	Ded/coin	100%	Deduct
Prescription Drugs										
	Deductible								\$6350/\$12700	
	Generic				\$4	N/A	\$4	N/A	\$0	N/A
	Preferred Brand				50%	N/A	50%	N/A	\$0	N/A
	Non-Preferred Brand				50%	N/A	50%	N/A	\$0	N/A
					\$100 PM Max		\$100 PM Max			

This brief summary is intended as a source of general info only. Specific benefits/details of coverage are provided in accomp. Ins. Carrier proposals. In case of a discrepancy the Ins. Carrier proposals override this summary.

Current Plan - "PPO"

New "HD" Plan

GDPHP Insurance-Medical #1	<i>Single</i>	<i>2-Person</i>	<i>Family</i>		NEW ** High Deductible (HDPO) GDPHP Plan #2	<i>Single</i>	<i>2-Person</i>	<i>Family</i>
<i>AS OF MARCH 1, 2014 -- Plan #P20K1L14</i>					<i>AS OF MARCH 1, 2014 - PLAN #QPPOL2714</i>			
Medical Monthly Premium:	584.57	1222.95	1529.67		Medical Monthly Premium:	334.88	700.58	876.3
ANNUAL Premium:	7014.84	14675.40	18356.04		ANNUAL Premium:	4018.56	8406.96	10515.6
Less Company Share:	3788.01	7924.72	9912.26		Less Company Share:	2566.56	4203.48	5257.80
Employee ("EE") Annual Share:	3226.83	6750.68	8443.78		Employee ("EE") Annual Share:	1452.00	4203.48	5257.80
"EE" MEDICAL Weekly Payroll Deduction:	62.05	129.82	162.38		"EE" MEDICAL Weekly Payroll Deduction:	27.92	80.84	101.11
EBS - RMSCO - DENTAL Coverage					EBS - RMSCO - DENTAL Coverage			
DENTAL MONTHLY PREMIUM:	26.85	75.17	75.17		DENTAL MONTHLY PREMIUM:	26.85	75.17	75.17
Annual Premium:	322.20	902.04	902.04		Annual Premium:	322.20	902.04	902.04
LESS COMPANY SHARE:	173.99	468.48	468.48		LESS COMPANY SHARE:	173.99	468.48	468.48
Employee ("EE") Annual Share:	148.21	433.56	433.56		Employee ("EE") Annual Share:	148.21	433.56	433.56
"EE" DENTAL Weekly Payroll Deduction:	2.85	8.34	8.34		"EE" DENTAL Weekly Payroll Deduction:	2.85	8.34	8.34
Medical/Dental Combined Weekly Deduction	64.90	138.16	170.72		Medical/Dental Combined Weekly Deduction:	30.77	89.17	109.45
<i>Must work an average of at least 30 hours weekly and enroll within the first 30-days of eligibility or during the annual open enrollment period.</i>					<i>Must work an average of at least 30 hours weekly and enroll within the first 30-days of eligibility or during the annual open enrollment period.</i>			
OPEN ENROLLMENT OFFERED ANNUALLY IN FEBRUARY					OPEN ENROLLMENT OFFERED ANNUALLY IN FEBRUARY			