

## OPEIU Local 45

Benefit Highlights for Comparison  
In-Network Benefits Listed

	<i>OPEIU Plan Option 1</i>	<i>OPEIU Plan Option 2</i>	<i>OPEIU Plan Option 3</i>	<i>Your Current Plan</i>
<b>Deductible</b>	\$500/\$1,000	\$3,000/ \$6,000	\$3,000/ \$6,000	
<b>Out-of-Pocket Limit</b> (includes co-insurance, once met plan pays 100% coinsurance for rest of benefit period)	none	\$5000/ \$10,000	\$5000/ \$10,000	
<b>Physicians visits</b>	\$25 copay	\$30 copay	\$40 copay	
<b>Specialist</b>	\$25 copay	\$ 30 copay	\$40 copay	
<b>Inpatient Hospital</b>	Plan pays 100%	Plan Pays 90% after deductible	Plan Pays 80% after deductible	
<b>Emergency, Urgent Care</b>	\$150 copay ER/ \$75 copay Urgent Care	\$150 copay ER/ \$75 copay Urgent care	\$150 copay ER/ \$100 copay Urgent care	
<b>Diagnostic Tests</b>	Plan pays 100%	Plan Pays 90% after deductible	Plan Pays 80% after deductible	
<b>Durable Medical Equip</b>	Plan pays 100%	Plan Pays 90% after deductible	Plan Pays 80% after deductible	
<b>Skilled Nursing Facility</b>	Plan pays 100%; Limit 100 Days per Benefit Period	Plan pays 90%; Limit 100 Days per Benefit Period	Plan pays 80%; Limit 100 Days per Benefit Period	
<b>Prescription</b>	<b>Retail copayments (Up to 30 day supply)</b>	<b>Retail copayments (Up to 30 day supply)</b>	<b>Retail copayments (Up to 31 day supply)</b>	
	Generic \$10	Generic \$10	Generic \$10	
	Preferred brand \$40	Preferred brand \$40	Preferred brand \$40	
	Non-Preferred Brand \$70	Non-Preferred Brand \$70	Non-Preferred Brand \$70	
	<b>Mail Order copayments (Up to 90 day supply)</b>	<b>Mail Order copayments (Up to 90 day supply)</b>	<b>Mail Order copayments (Up to 90 day supply)</b>	
	Generic \$20	Generic \$30	Generic \$30	
	Formulary Brand \$50	Formulary Brand \$100	Formulary Brand \$100	
	Non-Preferred Brand \$100	Non-Preferred Brand \$175	Non-Preferred Brand \$175	
<b>General</b>	<b>All Florida Members</b>	<b>All Florida Members</b>	<b>All Florida Members</b>	
<b>Member Rate</b>	\$519.22	\$428.45	\$418.62	
<b>Member + Child</b>	\$1,232.32	\$1,011.48	\$987.87	
<b>Member + Children</b>	\$1,635.09	\$1,344.63	\$1,313.16	
<b>Member + Spouse</b>	\$1,229.32	\$1,011.48	\$987.87	
<b>Family</b>	\$1,635.09	\$1,344.63	\$1,313.16	