

# New York New England MEP PPO Side-by-Side—Current Plan and 9/14 MOU

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Contributions</b>	None		<ul style="list-style-type: none"> <li>■ 2012: \$30/\$60 [1]</li> <li>■ 2013: \$45/\$90 [1]</li> <li>■ 2014: \$50/\$100 [1]</li> <li>■ 2015: \$55/\$110 [1]</li> </ul>	
<b>Deductible</b>				
<b>Individual</b>	<ul style="list-style-type: none"> <li>■ \$250</li> <li>■ Retirees: based on retirement date</li> </ul>		<ul style="list-style-type: none"> <li>■ 2013: \$400</li> <li>■ 2014: \$450</li> <li>■ 2015: \$475</li> <li>■ Retirees: based on retirement date</li> <li>■ Retired on or after January 1, 2013: same as active Combined in- and out-of-network</li> </ul>	
<b>Family</b>	2.5 x Individual		<ul style="list-style-type: none"> <li>■ 2013: \$250</li> <li>■ 2014: \$250</li> <li>■ 2015: \$250</li> <li>■ Additional applied to out-of-network</li> </ul>	
<b>Hospital</b>	None	Deductible applies to certain services	Deductible applies	2.5 x Individual [2] Deductible applies
<b>Carryover</b>	Expenses applied during October, November or December also apply to the next year's deductible		Expenses applied during October, November or December also apply to the next year's deductible	

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Charges Excluded From Deductible	<ul style="list-style-type: none"> <li>■ Copay for office visits</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Charges payable when pre-admission testing is done on an inpatient basis and the inpatient admission is not considered medically necessary</li> <li>■ Charges payable when select outpatient surgery is performed on an inpatient basis and the admission is considered not medically necessary</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges that exceed R&amp;C, NNF or other Medical Plan limits</li> </ul>		<ul style="list-style-type: none"> <li>■ Flat dollar copays paid for medical care</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Charges paid for failure to follow precertification procedures</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> <li>■ Amounts for LASIK services</li> </ul>	

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Out-of-Pocket Maximums (Calendar Year)</b>				
<b>Individual</b>	\$1,000		<ul style="list-style-type: none"> <li>■ 2013: \$1,050</li> <li>■ 2014: \$1,100</li> <li>■ 2015: \$1,150</li> </ul> Combined In- and out-of-network	<ul style="list-style-type: none"> <li>■ 2013: \$950</li> <li>■ 2014: \$900</li> <li>■ 2015: \$900</li> </ul> Additional applied to out-of-network
<b>Family</b>	Maximums are per individual per year; combined family max is not applicable		2.5x Individual [2]	
<b>Charges Excluded From Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>■ Copays for office visits, hospital charges, surgery, outpatient laboratory tests and outpatient x-rays</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Amounts paid to satisfy the deductible</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed R&amp;C, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> </ul>		<ul style="list-style-type: none"> <li>■ Flat dollar copays paid for medical care</li> <li>■ Charges in excess of obesity annual and infertility lifetime maximums</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> <li>■ Amounts for LASIK services</li> </ul>	
<b>Coinsurance Based On:</b>	Network Negotiated Fee (NNF)	Reasonable and Customary Charges (R&C)	Network Negotiated Fee (NNF)	Maximum Allowed Amount (MAA)

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient Treatment</b>				
<b>Doctors' Home or Office Visits</b>	\$15 copay (\$5 copay Medicare-eligible)	80% covered after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Preventive Care</b>	100% covered, no deductible; age/frequency limits apply	100% covered, no deductible; age/frequency limits apply; Reasonable and Customary limits apply	100% covered, no deductible; age and frequency provisions of the Affordable Care Act apply	100% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
<b>Routine Well-Baby and Well-Child Care (Pediatric Exams)</b>	100% covered, no deductible; age/frequency limits apply	100% covered, no deductible; age/frequency limits apply; Reasonable and Customary limits apply	100% covered, no deductible; age and frequency provisions of the Affordable Care Act apply	100% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
<b>X rays and Lab Tests</b>	100% covered, no deductible	100% covered (deductible applies if hospital charges billed for diagnostic, no deductible for preventive); Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Radiation Therapy / Chemotherapy / Electroshock Therapy / Hemodialysis</b>	100% covered, no deductible hospital outpatient; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	100% covered, no deductible; Reasonable and Customary limits apply	90% covered after deductible outpatient facility; \$20 copay (\$10 copay Medicare-eligible) if done in physician's office	70% covered after deductible
<b>Physical, Occupational and Speech Therapy</b>	80% covered of NNF [4] after deductible	80% covered after deductible; Reasonable and Customary limits apply	80% covered after deductible; number of visits based on medical necessity	70% covered after deductible; number of visits based on medical necessity

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Licensed Chiropractor	80% covered of NNF [4] after deductible; limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW local 827; maintenance services are not covered	80% covered after deductible; limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW local 827; maintenance services are not covered; Reasonable and Customary limits apply	80% covered after deductible; limited to 60 visits per calendar year (not to exceed 1 visit per day); limit combined in- and out-of-network	\$20 copay plus difference between \$92 flat fee and cost of service; limited to 60 visits per calendar year (not to exceed 1 visit per day); limit combined in- and out-of-network
Home Health Care	100% covered, no deductible; precertification required; limited to 120 visits per plan year [1]	100% covered, no deductible; precertification required; limited to 120 visits per plan year [1]	100% covered, no deductible; precertification required	70% covered after deductible; precertification required
<b>Inpatient Hospital Service</b>				
Hospital Copay	None	None	None	None
Room and Board	100% covered, no deductible; no precertification required [1]	100% covered after deductible; limited to 120 days per admit; 80% covered after the 120th day; precertification required [1]	90% covered after deductible	70% covered after deductible; precertification required
In-Hospital Physician's Visits	100% covered, no deductible	98% covered, no deductible	90% covered after deductible	70% covered after deductible
X rays and Lab Tests	100% covered, no deductible	100% covered, no deductible; Reasonable and Customary limits apply	90% covered after deductible	70% covered after deductible
Maternity Care (Pre/Post Natal)	100% covered, no deductible	98% covered, no deductible	\$20 copay (\$10 copay Medicare-eligible)—initial visit only	70% covered after deductible
Newborn Baby Care	100% covered, no deductible	98% covered, no deductible	90% covered after deductible [3]	70% covered after deductible [3]

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Skilled Nursing Facilities</b>	100% covered, no deductible; precertification required [1]	100% covered, no deductible; precertification required [1]; limited to 120 days per admit; 80% covered after deductible after the 120th day; Reasonable and Customary limits apply	100% covered, no deductible; precertification required	70% covered after deductible; precertification required
<b>Birth Centers</b>	100% covered, no deductible; precertification required	100% covered after deductible; precertification required	90% covered after deductible	70% covered after deductible; precertification required
<b>Hospice Care</b>	100% covered, no deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care [2]	100% covered, no deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care [2]	100% covered, no deductible; precertification required	70% covered after deductible; precertification required
<b>Surgery and Anesthesia</b>				
<b>Second Opinions</b>	100% covered, no deductible	100% covered, no deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Inpatient Surgery</b>	100% covered, no deductible; precertification required	98% covered, no deductible; precertification required	90% covered after deductible; precertification required	70% covered after deductible; precertification required
<b>Outpatient Surgery</b>	100% covered, no deductible	98% covered, no deductible	90% covered after deductible outpatient facility; \$20 copay (\$10 copay Medicare-eligible) if done in the physician's office	70% covered after deductible
<b>Anesthesia</b>	100% covered, no deductible	98% covered, no deductible	90% covered after deductible	70% covered after deductible

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	None		None	
<b>Medical</b>	None		None	
<b>Infertility</b>	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 100% covered after deductible [5]; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 80% covered after deductible [5]; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 90% covered after deductible [4]; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 70% covered after deductible [4]; precertification required
<b>Obesity</b>	Covered for medically necessary treatment of clinical obesity when pre-authorized by claims administrator. Includes medically necessary nutritional counseling when prescribed by physician, up to \$500 per year		Covered for medically necessary treatment of clinical obesity when pre-authorized by claims administrator. Includes medically necessary nutritional counseling when prescribed by physician, up to \$500 per year	

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>				
<b>Inpatient Mental Health Care</b>	100% covered after deductible is met; limited to 30 days; 80% covered for additional days; precertification required	100% covered after deductible is met; limited to 30 days; 80% covered for additional days; precertification required; Reasonable and Customary limits apply	90% covered after deductible	70% covered after deductible; precertification required
<b>Outpatient Mental Health Care</b>	80% covered after deductible is met [3]	80% covered after deductible is met; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Inpatient Substance Abuse Treatment</b>	100% covered after deductible is met; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	100% covered after deductible is met; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	90% covered after deductible	70% covered after deductible
<b>Outpatient Substance Abuse Treatment</b>	100% covered after deductible is met; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	100% covered after deductible is met; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible



	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Other Services</b>				
<b>Durable Medical Equipment</b>	80% covered of NNF [4] after deductible	80% covered after deductible; Reasonable and Customary limits apply	80% covered after deductible; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
<b>Ambulance Services</b>	80% covered of NNF [4] after deductible	80% covered after deductible; Reasonable and Customary limits apply	<ul style="list-style-type: none"> <li>■ 90% covered after deductible if an emergency</li> <li>■ 70% covered after deductible if non-emergency</li> </ul>	
<b>Prosthetic Devices</b>	80% covered of NNF [4] after deductible	80% covered after deductible; Reasonable and Customary limits apply	80% covered after deductible; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
<b>Urgent Care</b>	\$15 copay		\$20 copay (\$10 copay Medicare-eligible)	
<b>Emergency Room Care</b>	\$25 copay; copay waived if admitted		\$75 copay (\$25 copay Medicare-eligible); copay waived if admitted	
<b>Footnotes</b>	<p>[1] To calculate the 120-day limit, each day in a hospital counts as a full day, each day in a skilled nursing facility counts as one half-day, and each home health care visit counts as one-fifth of a day. The 120-day limit is a cumulative number for all inpatient stays per Plan year (and is a combination of all inpatient hospital stays, stays in a skilled nursing facility and home health care visits).</p> <p>[2] After 180 days, up to an additional 45 days may be authorized, as determined by the claims administrator.</p> <p>[3] Note: Class II Dependents and Sponsored Dependents are not eligible for coverage for Substance Abuse or Outpatient Mental Health treatment</p> <p>[4] Coinsurance applied to NNF or actual price if lower than NNF.</p> <p>[5] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>		<p>[1] Contribution amounts assume \$100 annual credit for completion of HRA and \$600 annual credit for non-tobacco user status.</p> <p>[2] Family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount</p> <p>[3] If newborn is not released with the mother a separate deductible and coinsurance applies</p> <p>[4] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>	

# New York New England HCN Side-by-Side—Current Plan and 9/14 MOU

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Contributions</b>	None		<ul style="list-style-type: none"> <li>■ 2012: \$30/\$60 [1]</li> <li>■ 2013: \$45/\$90 [1]</li> <li>■ 2014: \$50/\$100 [1]</li> <li>■ 2015: \$55/\$110 [1]</li> </ul>	
<b>Deductible</b>				
<b>Individual</b>	None	\$250	None	<ul style="list-style-type: none"> <li>■ 2013: \$700</li> <li>■ 2014: \$700</li> <li>■ 2015: \$725</li> </ul>
<b>Family</b>	None	N/A	None	2.5x Individual [2]
<b>Hospital</b>	None	Deductible applies	None	Deductible applies
<b>Carryover</b>			None	
<b>Charges Excluded From Deductible</b>	<ul style="list-style-type: none"> <li>■ Amounts paid for in-network care</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Amounts payable when pre-admission testing is done on an inpatient basis and the inpatient admission is considered not medically necessary</li> <li>■ Amounts payable for a covered surgery when the surgery is performed on an inpatient basis and is not considered medically necessary</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges that exceed R&amp;C, NNF or other Medical Plan limits</li> </ul>		<ul style="list-style-type: none"> <li>■ Amounts paid for in-network care</li> <li>■ Flat dollar copays paid for medical care</li> <li>■ Amounts payable when pre-admission testing is done on an inpatient basis and the inpatient admission is considered not medically necessary</li> <li>■ Amounts payable for a covered surgery when the surgery is performed on an inpatient basis and is not considered medically necessary</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> </ul>	

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Out-of-Pocket Maximums (Calendar Year)</b>				
<b>Individual</b>	None	\$1,500	<ul style="list-style-type: none"> <li>■ 2013: \$1,000</li> <li>■ 2014: \$1,000</li> <li>■ 2015: \$1,050</li> </ul>	
			Combined in- and out-of-network	
			—	\$800 additional applied to out-of-network
<b>Family</b>	Maximums are per individual per year; combined family max is not applicable		2.5x Individual [2]	
<b>Charges Excluded From Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>■ Copays for office visits, hospital charges, surgery, outpatient laboratory tests and outpatient x-rays</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Amounts paid to satisfy the deductible</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed R&amp;C, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> </ul>		<ul style="list-style-type: none"> <li>■ Flat dollar copays paid for medical care</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> </ul>	
<b>Insurance Based On:</b>				
	Network Negotiated Fee (NNF)	Reasonable and Customary Charges (R&C)	Network Negotiated Fee (NNF)	Maximum Allowed Amount (MAA)

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient Treatment</b>				
Doctors' Home or Office Visits	\$15 copay (\$5 copay Medicare-eligible)	80% covered; after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible) (PCP)/ \$25 copay (\$15 copay Medicare-eligible) (Specialist)	70% covered after deductible
Preventive Care	\$15 copay (\$5 copay Medicare-eligible)	80% covered, no deductible for routine physical exams and related tests; Reasonable and Customary limits apply	100% covered; age and frequency provisions of the Affordable Care Act apply	80% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
Routine Well-Baby and Well-Child Care (Pediatric Exams)	\$15 copay (\$5 copay Medicare-eligible)	80% covered, no deductible for routine physical exams and related tests; Reasonable and Customary limits apply	100% covered; age and frequency provisions of the Affordable Care Act apply	80% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
-rays and Lab Tests	100% covered; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered; after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Radiation Therapy / Chemotherapy / Electroshock Therapy / Hemodialysis	100% covered hospital outpatient; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered; after deductible; precertification required; Reasonable and Customary limits apply	90% covered hospital outpatient facility; \$20 copay (\$10 copay Medicare-eligible) if done in the physician's office	70% covered after deductible; precertification required
Physical, Occupational and Speech Therapy	100% covered; \$15 copay (\$5 copay Medicare-eligible) for evaluations; number of visits based on medical necessity	80% covered; after deductible; number of visits based on medical necessity; Reasonable and Customary limits apply	90% covered; \$20 copay (\$10 copay Medicare-eligible) for evaluations; number of visits based on medical necessity	70% covered after deductible; number of visits based on medical necessity
Licensed Chiropractor	\$15 copay (\$5 copay Medicare-eligible); limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW Local 827; maintenance services not covered	80% covered after deductible; limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW local 827; maintenance services are not covered; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible); number of visits based on medical necessity; limited to \$750 per calendar year; limit combined in- and out-of-network; maintenance services not covered	70% covered after deductible; number of visits based on medical necessity; limited to \$750 per calendar year; limit combined in- and out-of-network; maintenance services not covered

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Home Health Care</b>	100% covered; precertification required; limited of 120 visits per plan year [1]	80% covered after deductible; precertification required; limited to 120 visits per plan year [1]; Reasonable and Customary limits apply	100% covered; precertification required; limited to 120 visits per plan year [3]; limit combined in- and out-of-network	70% covered after deductible; precertification required; limited to 120 visits per plan year [3]; limit combined in- and out-of-network
<b>Inpatient Hospital Service</b>				
<b>Hospital Copay</b>	None	None	None	None
<b>Room and Board</b>	100% covered	80% covered after deductible; precertification required; Reasonable and Customary limits apply	90% covered	70% covered after deductible; precertification required
<b>Non-Hospital Physician's Visits</b>	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
<b>-rays and Lab Tests</b>	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
<b>Maternity Care (Pre/Post Natal)</b>	\$15 copay (\$5 copay Medicare-eligible)—initial visit only	80% covered after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)—initial visit only	70% covered after deductible
<b>Newborn Baby Care</b>	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
<b>Skilled Nursing Facilities</b>	100% covered; precertification required; limited to 120 days per plan year [1]	80% covered after deductible; precertification required; limited to 120 days per plan year [1]; Reasonable and Customary limits apply	100% covered; precertification required; limited to 120 days per plan year [3]; limit combined in- and out-of-network	70% covered after deductible; precertification required; limited to 120 days per plan year [3]; limit combined in- and out-of-network
<b>Birth Centers</b>	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible; precertification required

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice Care	100% covered; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care [2]	80% covered after deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for Inpatient Hospice Care [2]; Reasonable and Customary limits apply	100% covered; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care [4]	70% covered after deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for Inpatient Hospice Care [4]
<b>Surgery and Anesthesia</b>				
Second Opinions	100% covered; PCP referral required	Not covered	\$20 copay (\$10 copay Medicare-eligible) (PCP) / \$25 copay (\$15 copay Medicare-eligible) (Specialist)	Not covered
Inpatient Surgery	100% covered; precertification required	80% covered after deductible; precertification required [4]; Reasonable and Customary limits apply	90% covered; precertification required	70% covered after deductible; precertification required
Outpatient Surgery	100% covered hospital outpatient; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered after deductible; precertification required; Reasonable and Customary limits apply	90% covered; \$20 copay (\$10 copay Medicare-eligible) (PCP) / \$25 copay (\$15 copay Medicare-eligible) (Specialist) if done in the physician's office	70% covered after deductible; precertification required
Anesthesia	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
<b>Lifetime Maximum</b>				
Medical	None		None	
Fertility	\$20,000 per family (combined with prescription drugs); 100% covered [6]; precertification required	Not covered	\$20,000 per family (combined with prescription drugs); 90% covered [5] precertification required	Not covered
Obesity	Not covered except \$500 annual maximum per participant for nutritional counseling	Not covered	Not covered except \$500 annual maximum per participant for nutritional counseling	Not covered

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>				
<b>Inpatient Mental Health Care</b>	100% covered; precertification required	80% covered after deductible; precertification required; Reasonable and Customary limits apply [5]	90% covered	70% covered after deductible; precertification required
<b>Outpatient Mental Health Care</b>	\$15 copay (\$5 copay Medicare-eligible) [3]	80% covered after deductible; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Inpatient Substance Abuse Treatment</b>	100% covered; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	80% covered after deductible limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	90% covered	70% covered after deductible; precertification required
<b>Outpatient Substance Abuse Treatment</b>	\$15 copay (\$5 copay Medicare-eligible); limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	80% covered after deductible; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Other Services</b>				
<b>Durable Medical Equipment</b>	100% covered	80% covered after deductible; Reasonable and Customary limits apply.	90% covered; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
<b>Ambulance Services</b>	<ul style="list-style-type: none"> <li>■ 100% covered emergency use</li> <li>■ 80% covered; Reasonable and Customary limits apply for other covered ambulance services</li> </ul>		<ul style="list-style-type: none"> <li>■ 90% covered if an emergency</li> <li>■ 80% covered if non-emergency</li> </ul>	
<b>Prosthetic Devices</b>	100% covered	80% covered after deductible	90% covered; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
<b>Urgent Care</b>	\$15 copay		\$20 copay (\$10 copay Medicare-eligible)	
<b>Emergency Room Care</b>	\$25 copay; copay waived if admitted		\$75 copay (\$25 copay Medicare-eligible); copay waived if admitted	
<b>Footnotes</b>	<p>[1] Every day in a skilled nursing facility will count as one half day, every five home health care visits will count as one day</p> <p>[2] After 180 days, up to an additional 45 days may be authorized, as determined by the claims administrator.</p> <p>[3] Note: Class II Dependents and Sponsored Dependents are not eligible for coverage for Substance Abuse and Outpatient Mental Health treatment.</p> <p>[4] For certain surgical procedures and associated x-ray, lab and other expenses, if the procedure is performed on an inpatient basis and the inpatient admission is not medically necessary, the Plan pays 60% covered of the NNF, subject to the deductible, and the of-pocket expense maximum.</p> <p>[5] For IBEW-represented associates: Out-of-network inpatient mental health care is limited to 30 days per covered person, per Plan year.</p> <p>[6] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>		<p>[1] Contribution amounts assume \$100 annual credit for completion of HRA and \$600 annual credit for non-tobacco user status</p> <p>[2] Family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount</p> <p>[3] Every day in a skilled nursing facility will count as one half day, every five home health care visits will count as one day</p> <p>[4] After 180 days, up to an additional 45 days may be authorized, as determined by the claims administrator.</p> <p>[5] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>	



# NYNE MEP Health Care PPO (MEP HCP) Side-by-Side—Company Proposals

	Company Proposal - Not the HC MEP		HC MEP - Tentative Agreement	
	2011-11-11		19-Sep-12	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Contributions</b>				
	<ul style="list-style-type: none"> <li>■ 2012: \$32.50/\$75/\$115<sub>1</sub></li> <li>■ 2013: \$35/\$80.85/\$125<sub>1</sub></li> <li>■ 2014: \$37.50/\$87.50/\$125<sub>1</sub></li> <li>■ 2015: no proposal</li> </ul>		<ul style="list-style-type: none"> <li>■ 2012: \$30/\$60<sub>1</sub></li> <li>■ 2013: \$45/\$90<sub>1</sub></li> <li>■ 2014: \$50/\$100<sub>1</sub></li> <li>■ 2015: \$55/\$110<sub>1</sub></li> </ul>	
<b>Deductible</b>				
Individual	\$1,000		<ul style="list-style-type: none"> <li>■ 2013: \$400</li> <li>■ 2014: \$450</li> <li>■ 2015: \$475</li> <li>■ Retirees: based on retirement date</li> <li>■ Retired on or after January 1, 2013: same as active Combined in- and out-of-network</li> </ul>	
			—	<ul style="list-style-type: none"> <li>■ 2013: \$250</li> <li>■ 2014: \$250</li> <li>■ 2015: \$250</li> <li>■ Additional applied to out-of-network</li> </ul>
Family	■ 3,000 <sub>2</sub>		<ul style="list-style-type: none"> <li>■ 2.5x Individual <sub>2</sub></li> <li>■ 2.5x Individual <sub>2</sub></li> </ul>	
Hospital	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Carryover			Expenses applied during October, November or December also apply to the next year's deductible	
	Company Proposal - Not the HC MEP		HC MEP - Tentative Agreement	
	29-Jun-11		19-Sep-12	
	In-Network	Out-of-Network	In-Network	Out-of-Network

Charges Excluded From Deductible	<ul style="list-style-type: none"> <li>■ Copays for office visits</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Charges paid for failure to follow precertification procedures</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges paid for non-covered services and supplies</li> <li>■ Charges in excess of, MAA, NNF, or other Medical Plan limits</li> <li>■ Amounts for LASIK services</li> </ul>	<ul style="list-style-type: none"> <li>■ Flat dollar copays paid for medical care</li> <li>■ Copays for visits to urgent care facilities or emergency rooms</li> <li>■ Charges paid for failure to follow precertification procedures</li> <li>■ Expenses for prescription drugs</li> <li>■ Charges paid for non-covered services and supplies</li> <li>■ Charges in excess of MAA, NNF, or other Medical Plan limits</li> <li>■ Amounts for LASIK services</li> </ul>				
	Company Proposal - Not the HC MEP	HC-MEP - Tentative Agreement				
	29-Jun-11	19-Sep-12				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">In-Network</td> <td style="width: 50%; text-align: center;">Out-of-Network</td> </tr> </table>	In-Network	Out-of-Network	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">In-Network</td> <td style="width: 50%; text-align: center;">Out-of-Network</td> </tr> </table>	In-Network	Out-of-Network
In-Network	Out-of-Network					
In-Network	Out-of-Network					
<b>Out-of-Pocket Maximums (Calendar</b>						
<b>Individual</b>	2,000	<ul style="list-style-type: none"> <li>■ 2013: \$1,050</li> <li>■ 2014: \$1,100</li> <li>■ 2015: \$1,150</li> </ul> Combined in- and out-of-network				
	-	<ul style="list-style-type: none"> <li>■ 2013: \$950</li> <li>■ 2014: \$900</li> <li>■ 2015: \$900</li> </ul> Additional applied to out-of-network				
<b>Family</b>	6,000 <sup>2</sup>	2.5x Individual <sup>2</sup>				

Charges Excluded From Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>■ Copays for Office Visits</li> <li>■ Charges in excess of obesity annual and infertility lifetime maximums</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> <li>■ Amounts for LASIK services</li> </ul>	<ul style="list-style-type: none"> <li>■ Flat dollar copays paid for medical care</li> <li>■ Charges in excess of obesity annual and infertility lifetime maximums</li> <li>■ Charges for services and supplies not covered by the Medical Plan</li> <li>■ Additional amounts paid for not following precertification program procedures</li> <li>■ Charges that exceed MAA, NNF or other Medical Plan limits</li> <li>■ Expenses for prescription drugs</li> <li>■ Amounts for LASIK services</li> </ul>
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Coinsurance Based On:				
	Network Negotiated Fee (NNF)	Maximum Allowed Amount (MAA)	Network Negotiated Fee (NNF)	Maximum Allowed Amount (MAA)
	Company Proposal - Not the HC MEP		HC MEP - Tentative Agreement	
	20-Jan-11		19-Sep-12	
	In-Network	Out-of-Network	In-Network	Out-of-Network

Outpatient Treatment				
Doctors' Home or Office Visits	\$15 copay - 80% covered after deductible home visits	70% covered after deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Preventive Care	100% covered, no deductible;	100% covered, no deductible;	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies
Routine Well-Baby and Well-Child Care (Pediatric Exams)	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies	100% covered, no deductible; age and frequency provisions of the Affordable Care Act applies

X rays and Lab Tests	\$15 copay	60% covered after deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible	
Radiation Therapy/ Chemotherapy/ Electroshock Therapy/ Hemodialysis	80% covered, after deductible outpatient facility; \$15 copay if done in the physician's office	60% covered after deductible	90% covered after deductible outpatient facility; \$20 copay (\$10 copay Medicare-eligible if done in physician's office)	70% covered after deductible	
Physical, Occupational and Speech Therapy	80% covered after deductible; \$15 copay for provider charges; Limited to 30 visits per calendar year	60% covered after deductible; number of visits based on medical necessity	80% covered after deductible; number of visits based on medical necessity	70% covered after deductible; number of visits based on medical necessity	
Licensed Chiropractor	\$15 copay; limited to 12 visits per calendar year; limits combined in and out of network	60% covered after deductible; limited to 12 visits per calendar year; limits combined in and out of network	80% covered after deductible; limited to 60 visits per calendar year (not to exceed 1 visit per day); limit combined in- and out-of-network	\$20 copay plus difference between \$92 flat fee and cost of service; limited to 60 visits per calendar year (not to exceed 1 visit per day); limit combined in- and out-of-network	
		<b>Company Proposal - Not the HC-MEP</b>		<b>HC-MEP - Tentative Agreement</b>	
		29-Jun-11		19-Sep-12	
		<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Home Health Care	100% covered, no deductible; limited to 52 visits per calendar year	60% covered, no deductible; precertification required	100% covered, no deductible; precertification required	70% covered after deductible; precertification required	
<b>Inpatient Hospital Service</b>					
<b>Hospital Copay</b>	None		None		None
Room and Board	80% covered, after deductible	60% covered, after deductible;	90% covered after deductible	70% covered after deductible; precertification required	
In-Hospital Physician's Visits	80% covered, after deductible	60% covered, after deductible	90% covered after deductible	70% covered after deductible	
X rays and Lab Tests	90% covered, after deductible	60% covered, after deductible	90% covered after deductible	70% covered after deductible	
Maternity Care (Pre/Post Natal)	\$15 copay (\$10; initial visit only)	60% covered, after deductible	\$20 copay (\$10 copay Medicare-eligible)—initial visit only	70% covered after deductible	
Newborn Baby Care	90% covered, after deductible	60% covered, after deductible	90% covered after deductible	70% covered after deductible	
Skilled Nursing Facilities	100% covered, no deductible; precertification required	60% covered, after deductible; precertification required	100% covered, no deductible; precertification required	70% covered after deductible; precertification required	
Birth Centers	80% covered, after deductible	60% covered, after deductible; precertification required	90% covered after deductible	70% covered after deductible; precertification required	

Hospice Care	100% covered, no deductible; precertification required	60% covered, after deductible; precertification required	100% covered, no deductible; precertification required	70% covered after deductible; precertification required
<b>Surgery and Anesthesia</b>				
Second Opinions	\$15 copay	60% covered, after deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Inpatient Surgery	80% covered, after deductible; precertification required	60% covered, after deductible; precertification required	90% covered after deductible; precertification required	70% covered after deductible; precertification required
	Company Proposal - Not the HC MEP		HC MEP - Tentative Agreement	
	29-Jun-11		19-Sep-12	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Surgery	80% covered, after deductible outpatient facility; \$15 copay if done in the physician's office	60% covered, after deductible	90% covered, after deductible outpatient facility; \$20 copay (\$10 copay Medicare-eligible) if done in the physician's office	70% covered after deductible
Anesthesia	80% covered, after deductible	60% covered, after deductible	90% covered after deductible	70% covered after deductible
<b>Lifetime Maximum</b>				
Medical	None		None	
Infertility	\$15,000 per family (combined with prescription drugs and for both in-network and out-of-network); 50% covered after deductibles; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 50% covered after deductibles; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 90% covered after deductibles; precertification required	\$20,000 per family (combined with prescription drugs and for both in-network and out-of-network); 70% covered after deductibles; precertification required
Obesity	None		Not covered except medically necessary nutritional counseling prescribed by a doctor and furnished by a licensed dietician or nutritionist up to \$500 a year	
<b>Mental Health/Substance Abuse</b>				
Inpatient Mental Health Care	80% covered, after deductible	60% covered, after deductible; precertification required	90% covered after deductible;	70% covered after deductible; precertification required

Outpatient Mental Health Care	\$15 copay	60% covered after deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Inpatient Substance Abuse Treatment	80% covered, after deductible	60% covered after deductible	90% covered after deductible	70% covered after deductible
	Company Proposal - Not the HC MEP		HC MEP - Tentative Agreement	
	29-Jun-11		19-Sep-12	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Substance Abuse Treatment	\$15 copay	60% covered after deductible	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
<b>Other Services</b>				
Durable Medical Equipment	80% covered after deductible; precertification required for items over \$5,000	60% covered after deductible; precertification required for items over \$5,000	80% covered after deductible; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
Ambulance Services	80% covered after deductible	60% covered after deductible	<ul style="list-style-type: none"> <li>■ 90% covered after deductible if an emergency</li> <li>■ 70% after deductible if non-emergency</li> </ul>	
Prosthetic Devices	80% covered after deductible; precertification required for items over \$5,000	60% covered after deductible; precertification required for items over \$5,000	80% covered after deductible; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
Urgent Care	\$100 copay		\$20 copay (\$10 copay Medicare-eligible)	
Emergency Room Care	\$200 copay ; copay waived if admitted		\$75 copay (\$25 copay Medicare-eligible); copay waived if admitted	
<b>Footnotes</b>				

	<p>1 Contribution amounts assume \$100 annual credit for completion of HRA and \$600 annual credit for non-tobacco user status.</p> <p>2 Family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount.</p> <p>3 Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination.</p>	<p>1 Contribution amounts assume \$100 annual credit for completion of HRA and \$600 annual credit for non-tobacco user status.</p> <p>2 Family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount.</p> <p>3 Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination.</p> <p>4 If newborn is not released with the mother a separate deductible and coinsurance applies.</p>
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## New York New England Prescription Drug Side-by-Side

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Retail Deductible				
<ul style="list-style-type: none"> <li>■ Applies per person per calendar year</li> <li>- Generic Drugs</li> <li>- Brand Name Drugs</li> </ul>	None	\$50 combined for generic and brand drugs	None	\$50 combined for generic and brand drugs
Maximum Benefit Per Calendar Year	None	None	None	None
Lifetime Maximum Benefit	None	None	None	None
Annual Out-of-Pocket Maximum (per person)	None		None	
<b>Retail Rx</b>				
Supply—therapy for up to	30 days	30 days	30 days	30 days
Basis for Out-of-Network Cost	Not applicable	Not applicable	Not applicable	Not applicable
Patient Copays				
<ul style="list-style-type: none"> <li>■ Applies to:</li> <li>■ Generic Drugs</li> </ul>	Original Rx and refills <ul style="list-style-type: none"> <li>■ 15% of DNP</li> <li>■ Maximum \$25/Rx</li> </ul>	Original Rx and refills <ul style="list-style-type: none"> <li>■ 15% of retail cost</li> <li>■ Maximum \$25/Rx</li> <li>■ Deductible applies</li> <li>■ Pay full cost, then file claim</li> </ul>	Original Rx and refills <ul style="list-style-type: none"> <li>■ 2013: Lower of \$8 copay or DNP</li> <li>■ 2014: Lower of \$8 copay or DNP</li> <li>■ 2015: Lower of \$9 copay or DNP</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills</li> </ul>	Original Rx and refills <ul style="list-style-type: none"> <li>■ 30% of DNP cost plus 100% of the difference between the retail cost and the DNP</li> <li>■ Deductible applies</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills</li> <li>■ Pay full cost, then file claim</li> </ul>



	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>■ Brand Name Drugs - Single Source and Multi-Source (Applies to Associates and Pre-Medicare Retirees)</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ 30% of DNP</li> <li>■ Maximum <ul style="list-style-type: none"> <li>- 2013: \$25/Rx</li> <li>- 2014: \$25/Rx</li> <li>- 2015 &amp; beyond: increases 6% per year</li> </ul> </li> <li>■ Cost difference between generic and brand cost when generic equivalent is available (Rx maximum does not apply) [1]</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills (Rx maximum does not</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of DNP cost plus 100% of the cost difference between the retail cost and the DNP</li> <li>■ Deductible applies</li> <li>■ 30% of DNP plus cost difference between generic and brand cost when generic equivalent is available [1]</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills</li> <li>■ Pay full cost, then file claim</li> </ul>
<ul style="list-style-type: none"> <li>■ Single Source Brand Name Drugs (Applies to Medicare Retirees only)</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ 30% of DNP</li> <li>■ Maximum: <ul style="list-style-type: none"> <li>- 2013: \$25/Rx</li> <li>- 2014: \$25/Rx</li> <li>- 2015 &amp; beyond: increases 6% per year</li> </ul> </li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills (Rx maximum does not</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of DNP cost plus 100% of the cost difference between the retail cost and the DNP</li> <li>■ Deductible applies</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills</li> <li>■ Pay full cost, then file claim</li> </ul>
<ul style="list-style-type: none"> <li>■ Multi-Source Brand Name Drugs (Applies to Medicare Retirees only)</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of DNP</li> <li>■ Maximum: <ul style="list-style-type: none"> <li>- 2013: \$30/Rx</li> <li>- 2014: \$30/Rx</li> <li>- 2015: \$30/Rx</li> </ul> </li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills (Rx maximum does not apply)</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of DNP cost plus 100% of the cost difference between the retail cost and the DNP</li> <li>■ Deductible applies</li> <li>■ 50% of DNP cost for maintenance drugs after 3 fills</li> <li>■ Pay full cost, then file claim</li> </ul>

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>Single-Source Brand Name Drugs</li> </ul>	<ul style="list-style-type: none"> <li>20% of DNP</li> <li>Maximum \$40/Rx</li> </ul>	<ul style="list-style-type: none"> <li>20% of retail cost</li> <li>Maximum \$45/Rx</li> <li>Deductible applies</li> <li>Pay full cost, then file claim</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Patient Copays <ul style="list-style-type: none"> <li>Multi-Source Brand Name Drugs</li> </ul>	<ul style="list-style-type: none"> <li>30% of DNP</li> <li>Maximum \$55/Rx</li> </ul>	<ul style="list-style-type: none"> <li>30% of retail cost</li> <li>Maximum \$55/Rx</li> <li>Deductible applies</li> <li>Pay full cost, then file claim</li> </ul>	<ul style="list-style-type: none"> <li>NA</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
	<ul style="list-style-type: none"> <li>If physician prescribes DAW, the multi-source brand name drug copay will apply.</li> </ul>			
<b>Mail Order</b>				
Out-of-Pocket Maximum	\$400	—	2013 - \$600 [1] 2014 - \$700 [1] 2015 - \$700 [1]	—
Supply—therapy for up to	90 days	—	90 days	—
Patient Copays <ul style="list-style-type: none"> <li>Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lower of \$8 copay or DNP</li> </ul>	—	<ul style="list-style-type: none"> <li>2013: Lower of \$16 copay or DNP</li> <li>2014: Lower of \$16 copay or DNP</li> <li>2015: Lower of \$18 copay or DNP</li> </ul>	—
<ul style="list-style-type: none"> <li>Brand Name Drugs - Single Source and Multi-Source (Applies to Associates and Pre-Medicare Retirees)</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	—	<ul style="list-style-type: none"> <li>30% of DNP</li> <li>Maximum               <ul style="list-style-type: none"> <li>- 2013: \$50/Rx</li> <li>- 2014: \$50/Rx</li> <li>- 2015 &amp; beyond: increases 6% per year</li> </ul> </li> <li>Cost difference between generic and brand cost when generic equivalent is available (Rx maximum does</li> </ul>	—

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>■ Single Source Brand Name Drugs (Applies to Medicare Retirees only)</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	—	<ul style="list-style-type: none"> <li>■ 30% of DNP</li> <li>■ Maximum:</li> <li>- 2013: \$50/Rx</li> <li>- 2014: \$50/Rx</li> <li>- 2015 &amp; beyond: increases 6% per year</li> </ul>	—

	Current Plan		9/14 MOU	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>■ Multi-Source Brand Name Drugs (Applies to Medicare Retirees only)</li> </ul>	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	—	<ul style="list-style-type: none"> <li>■ 40% of DNP</li> <li>■ Maximum:</li> <li>- 2013: \$60/Rx</li> <li>- 2014: \$60/Rx</li> <li>- 2015: \$50/Rx</li> </ul>	—
<ul style="list-style-type: none"> <li>■ Single-Source Brand Name Drugs</li> </ul>	<ul style="list-style-type: none"> <li>■ Lower of \$17 copay or DNP</li> </ul>	—	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	—
<ul style="list-style-type: none"> <li>■ Multi-Source Brand Name Drugs</li> </ul>	<ul style="list-style-type: none"> <li>■ Lower of \$25 copay or DNP</li> <li>■ If physician prescribes DAW, the multi-source brand name drug copay will apply</li> </ul>	—	<ul style="list-style-type: none"> <li>■ N/A</li> </ul>	—
<b>Footnotes</b>				
			<p>[1] Charges incurred due to the difference between a brand name drug and a generic alternative will not count towards the maximum.</p> <p>[2] Does not apply for brand names where there is a generic equivalent and the employee's doctor certifies that the employee is medically unable to take the generic version of the medication</p>	

**Verizon New York / New England Wage and Health Care Calculation**

**Administrative Assistant (AA), Weekly Wage: \$1,020.50**

HCN	2012	2013	2014	2015	Total
New Wage Dollars	\$298	\$1,817	\$3,384	\$4,359	\$9,858
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$53	-\$1,993	-\$2,177	-\$2,378	-\$6,601
<b>Total New Dollars</b>	<b>\$245</b>	<b>\$673</b>	<b>\$1,207</b>	<b>\$1,981</b>	<b>\$4,107</b>

MEP PPO	2012	2013	2014	2015	Total
New Wage Dollars	\$298	\$1,817	\$3,384	\$4,359	\$9,858
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$51	-\$2,104	-\$2,295	-\$2,502	-\$6,951
<b>Total New Dollars</b>	<b>\$248</b>	<b>\$563</b>	<b>\$1,089</b>	<b>\$1,856</b>	<b>\$3,756</b>

**Operator, Weekly Wage: \$1,022.50**

HCN	2012	2013	2014	2015	Total
New Wage Dollars	\$299	\$1,820	\$3,391	\$4,367	\$9,877
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$53	-\$1,993	-\$2,177	-\$2,378	-\$6,601
<b>Total New Dollars</b>	<b>\$246</b>	<b>\$677</b>	<b>\$1,213</b>	<b>\$1,990</b>	<b>\$4,126</b>

MEP PPO	2012	2013	2014	2015	Total
New Wage Dollars	\$299	\$1,820	\$3,391	\$4,367	\$9,877
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$51	-\$2,104	-\$2,295	-\$2,502	-\$6,951
<b>Total New Dollars</b>	<b>\$249</b>	<b>\$566</b>	<b>\$1,096</b>	<b>\$1,865</b>	<b>\$3,776</b>

**Representative, Weekly Wage: \$1,262.50**

HCN	2012	2013	2014	2015	Total
New Wage Dollars	\$369	\$2,247	\$4,187	\$5,392	\$12,196
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$53	-\$1,993	-\$2,177	-\$2,378	-\$6,601
<b>Total New Dollars</b>	<b>\$316</b>	<b>\$1,104</b>	<b>\$2,009</b>	<b>\$3,015</b>	<b>\$6,444</b>

MEP PPO	2012	2013	2014	2015	Total
New Wage Dollars	\$369	\$2,247	\$4,187	\$5,392	\$12,196
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$51	-\$2,104	-\$2,295	-\$2,502	-\$6,951
Total New Dollars	\$319	\$994	\$1,892	\$2,890	\$6,094

**CSA, Weekly Wage: \$1,284.00**

HCN	2012	2013	2014	2015	Total
New Wage Dollars	\$376	\$2,286	\$4,258	\$5,484	\$12,403
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$53	-\$1,993	-\$2,177	-\$2,378	-\$6,601
Total New Dollars	\$322	\$1,143	\$2,081	\$3,107	\$6,652

MEP PPO	2012	2013	2014	2015	Total
New Wage Dollars	\$376	\$2,286	\$4,258	\$5,484	\$12,403
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$51	-\$2,104	-\$2,295	-\$2,502	-\$6,951
Total New Dollars	\$325	\$1,032	\$1,963	\$2,982	\$6,302

**Field Tech / COT, Weekly Wage: \$1,491.50**

HCN	2012	2013	2014	2015	Total
New Wage Dollars	\$436	\$2,655	\$4,946	\$6,370	\$14,408
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$53	-\$1,993	-\$2,177	-\$2,378	-\$6,601
Total New Dollars	\$383	\$1,512	\$2,769	\$3,993	\$8,656

MEP PPO	2012	2013	2014	2015	Total
New Wage Dollars	\$436	\$2,655	\$4,946	\$6,370	\$14,408
HRA Payments	\$0	\$850	\$0	\$0	\$850
New Health Care Dollars	-\$51	-\$2,104	-\$2,295	-\$2,502	-\$6,951
Total New Dollars	\$386	\$1,401	\$2,651	\$3,868	\$8,306

Number of incidental Days Taken	Number of Employees	Percent Incidental Days Taken
0	13009	29%
1	1368	3%
2	3004	7%
3	1859	4%
4	2474	5%
5	5114	11%
6	1701	4%
7	1483	3%
8	1132	2%
9	1261	3%
10	2015	4%
11-15	3774	8%
>15	7324	16%
	45518	