

GENERAL INSURANCE SUMMARY

MEDICAL PLAN

		NETWORKS PROVIDERS	NON-NETWORK PROVIDERS
Annual Deductible	Single Family	None None	\$500.00 \$1,000.00
Office Visit Co-pay		\$10.00	N/A
ER Visit Co-pay		\$50.00 unless admitted into the hospital, otherwise co-insurance will apply in excess of the deductible	N/A
Co-insurance	Single Family Single Family	90/10% of first \$1,000 80/20% of next \$3,000 90/10% of first \$2,000 80/20% of next \$5,000	50/50% of first \$5,000 50/50% of first \$10,000

OPT OUT PROGRAM

The City will permit employees who have alternate health options through a spouse to opt out of the City plan in return for a payment of \$100.00 per month. Families who have both spouses employed full time by the City of Delaware will not be eligible to opt out of the plan. Likewise, these employees will not be subject to monthly payroll contributions. The employee will provide proof that they do in fact have other coverage before the City will drop that employee's current coverage. The City will continue to provide dental coverage if it is not provided under the employee's spouse's insurance. A member may elect to return to coverage under the City's insurance plan by notifying the City in writing of any substantial changes in circumstances which the member determines justifies such decision. The member must give thirty (30) days notice of his or her election to return to the City's plan, except in the case of an emergency, such as sudden loss of spouse's coverage, significant cost increase of spouse's coverage, divorce or other change in family status. The plan will comply with Internal Revenue Code Section 125 which governs this matter.

Employees who opt out of the health insurance program will be compensated as follows:

No Coverage	\$100 per month
Maintain Prescription Only	\$60 per month
Maintain Dental Only	\$65 per month
Maintain Prescription and Dental	\$55 per month

- An employee may not elect to have medical coverage only

DENTAL PLAN

Deductible per person \$25

Deductible per family \$75

The deductible applies to Class B and C Services

Percentages Payable:

Class A Preventive	100%
Class B Basic	80%
Class C Major	50%

Maximum Benefit Per Year: \$1,250

PRESCRIPTION PLAN

The City will provide a prescription card plan for members and their dependents.

The prescription benefits will be the following:

Drug	Retail Benefits	Mail Order Benefits
Generic Drugs	80/20%	90/10%
Name Brand Drugs	50/50% with \$25 co-pay for each disbursement	75/25% for name brand drugs with no co-pay

The maximum combined out of pocket expense is \$500 for retail and mail order. The \$25 co-pay does not accumulate in the \$500 out of pocket and will continue to be charged even after the maximum has been met and prescriptions are purchased in the name brand form at retail outlets.