

TENTATIVE AGREEMENT HEALTH INSURANCE 2023 - 2026

MEDICAL

	OPTION # 1				OPTION # 2				OPTION # 3			
	2023	2024	2025	2026	2023	2024	2025	2026	2023	2024	2025	2026
Individual:	125	129	136	136	80	86	92	100	21	27	31	37
Ind & Child(ren)	218	227	239	251	141	151	163	175	37	47	55	65
Ind & Spouse	349	364	383	402	227	242	261	281	59	75	88	103
Family	375	391	411	432	244	260	280	302	64	80	95	111

DEDUCTIBLE:	OPTION #1				OPTION # 2				OPTION # 3			
	2023	2024	2025	2026	2023	2024	2025	2026	2023	2024	2025	2026
Individual:	850	900	950	1,000	1,500	1,550	1,600	1,650	3,000	3,000	3,100	3,200
Ind & Child(ren)	1,700	1,800	1,900	2,000	3,000	3,100	3,200	3,300	6,000	6,000	6,200	6,400
Ind & Spouse	1,700	1,800	1,900	2,000	3,000	3,100	3,200	3,300	6,000	6,000	6,200	6,400
Family	1,700	1,800	1,900	2,000	3,000	3,100	3,200	3,300	6,000	6,000	6,200	6,400

MAXIMUM OUT OF POCKET	OPTION #1				OPTION # 2				OPTION # 3			
	2023	2024	2025	2026	2023	2024	2025	2026	2023	2024	2025	2026
Individual	4,250	4,500	4,750	5,000	6,750	6,900	7,000	7,100	6,750	6,900	7,000	7,000
Ind & Child(ren)	8,500	9,000	9,500	10,000	13,500	13,800	14,000	14,200	13,500	13,800	14,000	14,200
Ind & Spouse	8,500	9,000	9,500	10,000	13,500	13,800	14,000	14,200	13,500	13,800	14,000	14,200
Family	8,500	9,000	9,500	10,000	13,500	13,800	14,000	14,200	13,500	13,800	14,000	14,200

Medical ONA/Network	OPTION # 1	OPTION # 2	OPTION # 3
Preventative	0 / 0 Deductible Waived	0 / 0 Deductible Waived	0 / 0 Deductible Waived
Sickness/ Illness	0 / 10% After Deductible	0 / 10% After Deductible	0 / 20% After Deductible
Emergency Room	0 / 20% After Deductible	0 / 20% After Deductible	0 / 20% After Deductible

- **Tobacco Surcharge:** Smokers will self-identify in open enrollment and the surcharge will be waived if the employee enrolls in a smoking cessation program.

2023	2024	2025	2026
\$70	\$75	\$75	\$75

- **Spousal Surcharge:** The employee attests that his or her spouse/legal recognized partner does not have access to medical coverage. In which case be waived.

2023	2024	2025	2026
\$115	\$125	\$130	\$135

PRESCRIPTION PRICING:	2023	2024	2025	2026
Generic:	\$10	\$10	\$10	\$10
Retail (Preferred/Non-Preferred)	\$40/ \$80	\$45/\$90	\$45/\$90	\$45/\$90
Mail Order Generic	\$20	\$20	\$20	\$20
Mail Order Brand: (P/N-P)	\$80/\$160	\$90/\$180	\$90/\$180	\$90/180

Prescription Drug Benefit Deductible

	Option #1			
	2023	2024	2025	2026
Individual	1,450	1,700	1,800	1,900
Ind & Child(ren)	2,900	3,400	3,600	3,800
Ind & Spouse	2,900	3,400	3,600	3,800
Family	2,900	3,400	3,600	3,800

Option #2 and Option #3 - Intergrated with Med/Surg, MH/SA and CarePlus

- Option 1 Prescriptions DO NOT apply toward the deductible
- Option 2 & 3 Prescriptions DO apply toward the deductible.
- Once Out Of Pocket is met 100% coverage.

DENTAL:	2023	2024	2025	2026
Individual	\$10	\$10	\$12	\$12
Individual + 1	\$20	\$20	\$23	\$23
Family	\$32	\$32	\$36	\$36

VISION:	2023	2024	2025	2026
Individual	\$4	\$4	\$5	\$5
Individual + 1	\$8	\$8	\$10	\$10
Family	\$13	\$13	\$15	\$15

TENTATIVE AGREEMENT SUMMARIZATION ONLY OF 2023-2026 NBBP FOR MEMBERS OF CWA LOCAL 4202