**International Union of Operating Engineers Local 487 Health and Welfare Fund**
**Aetna Health Insurance Renewal and RFP Results**
**Effective Date 4/1/2017**

## Current Aetna Plans-Renewal

| Benefits | Aetna HMO | Aetna POS | |
|---|---|---|---|
| | In Network | In Network | Out Network |
| Preventive Care | No Copay | No Copay | 40% After Ded. |
| · preventive office visits | No Copay | No Copay | 40% After Ded. |
| · pap smear and mammogram | No Copay | No Copay | 40% After Ded. |
| · prostate screening | No Copay | No Copay | 40% After Ded. |
| · child immunizations to age 18 | No Copay | No Copay | 40% After Ded. |
| · flu and pneumonia immunizations | No Copay | No Copay | 40% After Ded. |
| · endoscopic services | No Copay | No Copay | 40% After Ded. |
| PCP Visit | $30 Copay | $25 Copay | 40% After Ded. |
| Specialist Visit | $50 Copay | $45 Copay | 40% After Ded. |
| Individual Deductible | $1,500 | $1,500 | $3,000 |
| Family Deductible | $3,000 Max. | $4,500 | $9,000 |
| Coinsurance | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| Maximum Out-Of-Pocket | $2,500/$5,000 | $2,500/$5,000 | $9,000/$27,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Hospital Inpatient Services | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| Outpatient Surgery (H / FS) | 20% After Ded./ $175 | 20% After Ded. | 40% After Ded. |
| Diagnostic MRI, CT Scan (H / FS) | $175 Copay | 20% After Ded. | 40% After Ded. |
| Emergency Room/ Urgent Care | $200 /$50 Copay | $200/$50 Copay | $200 Copay |
| RX | $20/$35/$60 | $20/$35/$60 | Not Covered |
| RX Mail Order | $40/$70/$120 | $40/$70/$120 | Not Covered |
| Dental | Separate Coverage | Separate Coverage | Separate Coverage |
| Vision | Separate Coverage | Separate Coverage | Separate Coverage |
| Mental Health & Substance Abuse | | | |
| · Inpatient | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| · Outpatient | $50 Copay | $45 Copay | 40% After Ded. |

| Rate Details | HMO / PPO | Aetna HMO | Aetna POS |
|---|---|---|---|
| Employee Only | 198 / 7 | $579.91 | $787.75 |
| Employee + One | 166 / 13 | $1,217.91 | $1,654.22 |
| Family | 224 / 5 | $1,710.78 | $2,323.90 |
| | 613 | | |
| Monthly Premium | | $700,209.96 | $38,638.61 |
| Annual Premium | | $8,402,519.52 | $463,663.32 |
| Annual Premium Combined | | $8,866,182.84 | |
| Increase % | | 45.0% | |

HMO has a Combined Out of Pocket of $2,500/$5,000 for Medical and RX
Deductible is on the contract year.
Lab Work is done at Quest

*ACA Tax: Included*
*Dental and Vision: Not Included in HMO or PPO*
*Medical Rates are reduced by .05 if Vision and/or Dental is selected*
*Teladoc-Access to Primary Care via phone for consultation and RX*
*Aetna has HMO National Network to Accommodate several PPO Members*

## NHP/United Plans

| NHP HMO FOSH-M1 | United HMO | United POS | |
|---|---|---|---|
| In Network | In Network | In Network | Out Network |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| No Copay | No Copay | No Copay | 40% After Ded. |
| $30 Copay | $30 Copay | $30 Copay | 40% After Ded. |
| $50 Copay | $50 Copay | $50 Copay | 40% After Ded. |
| $1,500 | $1,500 | $1,500 | $3,000 |
| $3,000 Max. | $3,000 Max. | $3,000 Max. | $9,000 |
| 20% After Ded. | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| $2,500/$5,000 | $2,500/$5,000 | $2,500/$5,000 | $9,000/$27,000 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| 20% After Ded. | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| 20% After Ded./$175 Copay | 20% After Ded./ $175 Copay | 20% After Ded. /$175 Copay | 40% After Ded. |
| 20% After Ded. /$175 Copay | 20% After Ded./ $175 Copay | 20% After Ded. /$175 Copay | 40% After Ded. |
| $200 /$50 Copay | $200 /$50 Copay | $200 /$50 Copay | $200 Copay |
| $20/$40/$60 | $20/$40/$60 | $20/$40/$60 | Not Covered |
| $40/$80/$120 | $40/$80/$120 | $40/$80/$120 | Not Covered |
| Separate Coverage | Separate Coverage | Separate Coverage | Separate Coverage |
| Separate Coverage | Separate Coverage | Separate Coverage | Separate Coverage |
| 20% After Ded. | 20% After Ded. | 20% After Ded. | 40% After Ded. |
| $50 Copay | $50 Copay | $50 Copay | 40% After Ded. |

| HMO NHP / HMO UHC | NHP HMO FOSH-M1 | United HMO | United POS |
|---|---|---|---|
| 181 / 24 | $421.93 | $582.32 | $582.32 |
| 150 / 29 | $886.12 | $1,222.95 | $1,222.95 |
| 196 / 33 | $1,244.73 | $1,717.88 | $1,717.88 |
| 613 | | | |
| Monthly Premium | $452,368.29 | $106,364.36 | |
| Annual Premium | $5,428,419.48 | $1,276,372.32 | |
| Annual Premium Combined | $6,704,791.80 | | |
| Increase % | 9.9% | | |

HMO/POS has a Combined Out of Pocket of $2,500/$5,000 for Medical and RX.
Deductible is on the contract year. Deductibles met w/Aetna will carry over.
Lab work is done at Lab Corp.

*ACA Tax: Included*
*Dental and Vision: Not Included in HMO or PPO*
*Medical Rates are reduced by 1.5% if Vision and/or Dental is selected*
*Teladoc-Access for UHC, not for NNP yet.*

International Union of Operating Engineers Local 487 Health and Welfare Fund
Aetna / United Dental and Vision Proposals
Effective Date 4/1/2017

**Dental (Solstice)**

| | Aetna Current | United Option D1056 |
|---|---|---|
| **Calendar Year Deductible** | | |
| Single | None | None |
| Family | None | None |
| **Appointments** | | |
| D0120 Office Visit | $0 | $0 |
| D0180 Comprehensive Evaluation | $0 | $0 |
| **Preventive/Restoration** | | |
| D1110 Prophylaxis (Cleaning) | $0 | $0 |
| D2140 Amalgam (Grey Cavity Filling) | $0 | $0 |
| D2330 Resin (White Cavity Filling) | $0 | $20 |
| Most Common Services | | |
| D2740 Crown | $255 | $195 |
| D3310 Root Canal | $70 | $100 |
| D7111 Tooth Extraction | $0 | $20 |
| D8070 Orthodontics (Children) | $1,045 | $1,800 |
| D5110 Complete Denture | $275 | $210 |
| **Rates** | | |
| **Employee: 205** | **$13.82** | **$12.56** |
| **Employee + One: 179** | **$26.96** | **$23.88** |
| **Family: 229** | **$44.24** | **$39.18** |
| **Monthly Premium** | **$17,789.90** | **$15,821.54** |
| **Annual Premium** | **$213,478.80** | **$189,858.48** |
| **Annual Savings** | | **$23,620.32** |

**Vision**

| | Aetna Current | United Option V1357 |
|---|---|---|
| **Exam Copay** | $20 | $20 |
| **Lens and Frames** | | |
| Single | $20 | $0 |
| Bifocal | $20 | $0 |
| Trifocal | $20 | $0 |
| **Retail Frames** | $100 Allowances | $130 Allowance |
| **Contact Lenses** | | |
| Extended Wear | $105 Allowance | $105 Allowance |
| Disposable | $105 Allowance | $105 Allowance |
| **Rates** | | |
| **Employee: 205** | **$5.02** | **$4.30** |
| **Employee + One: 180** | **$9.54** | **$8.16** |
| **Family: 228** | **$13.90** | **$11.89** |
| **Monthly Premium** | **$5,919.86** | **$5,064.95** |
| **Annual Premium** | **$71,038.32** | **$60,779.40** |
| **Annual Savings** | | **$10,258.92** |