			Medical	Cost Comp	arison E	Between AA	Plans a	and LUS Pla	ns			
Plan AA Core		AA Standard		AA Plus		AA High Cost		LUS PPO 80		LUS PPO 90		
				20	024 Annu	al Contributi	on					
Employee	\$1,150.68		,150.68 <b>\$1,8</b> 4		\$1,849.32		\$3,893.52		\$597.96		\$2,044.20	
Employee plus Spouse	\$2	,992.08	\$4,808.40		\$4,808.40		\$11,019		\$1,195.80		\$4,087.80	
Employee plus Children	\$2	,071.44	\$3,	328.92	\$3,	,328.92	\$7	,008.24	\$1,10	64.12	\$3,977.52	
Employee plus Family	¢1	,027.80	\$6	473.04	<b>¢</b> 6	.473.04	¢1,	1,836.08	¢2.0	01.64	\$6.01	10.72
Employee plus Family	Ψ4	,027.00	<b>Φ</b> 0,	473.04	φ0,	,473.04	Φ12	+,030.00	ΦΖ,02	<b>\$2,021.64 \$6,918.72</b>		.0.72
				Dec	luctible	In/Out Net	work					
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Individual Daduatible										Out		
Individual Deductible	\$1,600	\$4,000	\$850	\$3,000	\$1,600	\$3,000	\$400	\$1,500			\$225	\$450
Family Deductible	\$3,200	\$8,000	\$2,550	\$9,000	\$4,800	\$9,000	\$1,200	\$4,650	\$900	\$1,800	\$450	\$900
rainty Doddetiste	ψο,200	φο,σσσ	Ψ2,000	ψο,σσσ	Ψ-1,000	ψο,σσσ	Ψ1,200	ψ-1,000	Ψοσο	ψ1,000	Ψ-ισσ	Ψοσο
Max Individual Out of Pocket	\$4,500	\$12,000	\$2,850	\$9,000	\$4,500	\$9,000	\$2,499	\$7,550	\$3,000	\$6,000	\$1,500	\$3,000
Max Family Out of Pocket	\$9,000	\$24,000	\$7,550	\$24,000	\$9,000	\$18,000	\$6,200	\$19,650	\$6,000	\$12,000	\$3,000	\$6,000
				Doc	tor Cost	t In/Out Net	work					
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Preventive Care Cost	\$0	40%	\$0	40%	\$0	40%	\$0	40%	\$25	N/A	\$25	N/A
	Co-Pay	coinsurance	Co-Pay	coinsurance	Co-Pay	coinsurance	Co-Pay	coinsurance	Co-Pay	Not Covered	Co-Pay	Not Covered
Primary Care	20%	40%	\$30	40%	\$25	40%	\$25	40%	\$25	40%	\$25	30%
		nsurance	Co-Pay	coinsurance	Co-Pay	coinsurance	Co-Pay	coinsurance	Co-Pay	Coinsurance	Co-Pay	Coinsurance
Hospitalization	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	10%	30%

		Medical	Cost Comp	arison B	etween AA	Plans a	ind LUS Pla	ins			
AA Core		AA Standard		AA Plus		AA High Cost		LUS PPO 80		LUS PPO 90	
coinsurance		coinsurance		coinsurance		coinsurance		Coinsurance		Coinsurance	
20%	40%	20%	40%	\$45	40%	\$60	40%	\$40	40%	\$40	30%
coinsurance		urance coinsurance		coinsurance		coinsurance		Coinsurance		Co-Pay	Coinsurance
20%	40%	20%	40%	20%	40%	\$100	40%	\$40	40%	\$40	30%
coinsurance		coinsurance		coinsurance		coinsurance		Coinsurance		Coinsurance	
20%	40%	20%	40%	\$200	\$200	\$100	\$200	\$100	\$100	\$100	\$100
coinsurance		coinsurance		copay plus 20%		copay plus 20%		Waived if Admitted		Waived if Admitted	
20%	40%	20%	30%	20%	30%	20%	30%	\$15/\$30/\$50	N/A	\$15/\$30/\$50	N/A
		Generic	Preferred	Generic	Preferred	coir	nsurance	In Network	Not Covered	In Network	Not Covered
			Medica	al Examp	le Estimat	ed Cost	S				
\$	\$3,760 <b>\$2,850</b>		\$3,600 \$2,770		2,770	\$2,945		\$1,485			
Diabetes Management (Annually) \$2,		\$1,680		\$2,390		\$1,360		\$1,220		\$763	
Simple Fracture \$1,680		\$1,120		\$1,220		\$630		\$1,000		\$77	73
		Annua	al Contribut	ion Cost	t Plus Medi	cal Exa	mple Costs	5			
				Pre	gnancv						
\$4	.910.68	\$4.	699.32			\$6	.663.52	\$3.54	2.96	\$3.52	9.20
Ψ 1)	,	<b>+ 1</b>		<b>43</b> ,		Ψ0,		<b>\$3,0</b> 4		<del>\$3,02</del>	
\$6,752.08		\$6.752.08 <b>\$7.658.40</b>		\$8.4	\$8,408.40 \$13.789.00		3,789.00	\$4,140.80		\$5,572.80	
+5,		<b>4.</b> ,		70,		7.20	,	+ ·,= ·		+ 2,07	
\$5.	.831.44	\$6.	178.92	\$6.9	928.92	\$9.	778.24	\$4.10	9.12	\$5.46	2.52
, , ,		, ,		, -,		,		,==		, , , , ,	
\$7.	\$7,787.80 <b>\$9.323.04</b>		\$10.	\$10,073.04 \$1		7,606.08	\$4,966,64		\$8,403.72		
		, , ,								, , , , ,	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	AA Core  coinsurance 20% 40%  coinsurance 20% 40%  coinsurance 20% 40%  coinsurance 20% 40%  soinsurance 20% 40%  coinsurance 20% 40%	AA Core  coinsurance 20%	AA Core  coinsurance 20%	AA Core coinsurance coinsuranc	AA Core coinsurance coinsuranc	AA Core         AA Standard         AA Plus         AA H           coinsurance         coinsurance         coinsurance         coinsurance           20%         40%         \$45         40%         \$60           coinsurance         coinsurance         coinsurance         coinsurance           20%         40%         20%         40%         \$100           coinsurance         coinsurance         coinsurance         coinsurance           20%         40%         \$200         \$200         \$100           coinsurance         coinsurance         copay plus 20%         copa           20%         40%         20%         30%         20%         30%         20%           20%         40%         20%         30%         20%         30%         20%           Medical Example Estimated Cost           Medical Example Estimated Cost           \$3,760         \$2,850         \$3,600         \$           \$2,780         \$1,680         \$2,390         \$           Annual Contribution Cost Plus Medical Example Estimated           Pregnancy           \$4,910.68         \$4,699.32         \$5,449.32         \$6 <td< td=""><td>AA Core</td><td>coinsurance         coinsurance         Coinsurance</td><td>  AA Core</td><td>  AA Core</td></td<>	AA Core	coinsurance         Coinsurance	AA Core	AA Core

Medical Cost Comparison Between AA Plans and LUS Plans								
Plan	AA Core	AA Standard	AA Plus	AA High Cost	LUS PPO 80	LUS PPO 90		
		Diabet	tes Management (A	nnually)				
Employee	\$3,930.68	\$3,529.32	\$4,239.32	\$5,253.52	\$1,817.96	\$2,807.20		
Employee plus Spouse	\$5,772.08	\$6,488.40	\$7,198.40	\$12,379.00	\$2,415.80	\$4,850.80		
Employee plus Children	\$4,851.44	\$5,008.92	\$5,718.92	\$8,368.24	\$2,384.12	\$4,740.52		
Linployee plus Cilitaren	Ψ4,001.44	ψ3,000.92	ψ5,710.32	ψ0,300.24	Ψ2,304.12	ψ4,740.32		
Employee plus Family	\$6,807.80	\$8,153.04	\$8,863.04	\$16,196.08	\$3,241.64	\$7,681.72		
			Simple Fracture					
Employee	\$2,830.68	\$2,969.32	\$3,069.32	\$4,523.52	\$1,597.96	\$2,817.20		
Employee plus Spouse	\$4,672.08	\$5,928.40	\$6,028.40	\$11,649.00	\$2,195.80	\$4,860.80		
Employee plus Children	\$3,751.44	\$4,448.92	\$4,548.92	\$7,638.24	\$2,164.12	\$4,750.52		
Employee plus Omturen	ψ0,701.44	ψτ,ττυ.32	ψ4,040.02	ψ7,000.24	ΨΖ,104.12	ψ4,730.32		
Employee plus Family	\$5,707.80	\$7,593.04	\$7,693.04	\$15,466.08	\$3,021.64	\$7,691.72		
Preventive Care Visit			(\$1,500 HRA/RHRA					
Employee	\$1,150.68	\$1,849.32	\$1,849.32	\$3,893.52	\$622.96	\$2,069.20		
Employee plus Spouse	\$2,992.08	\$4,808.40	\$4,808.40	\$11,019.00	\$1,220.80	\$4,112.80		
Employee plus Children	\$2,071.44	\$3,328.92	\$3,328.92	\$7,008.24	\$1,189.12	\$4,002.52		
Employee plus Chiluren	φ∠,0/1.44	ψ3,320. <del>3</del> 2	φ3,320.92	φ7,000.24	φ1,103.12	φ <del>4</del> ,υυ2.32		
Employee plus Family	\$4,027.80	\$6,473.04	\$6,473.04	\$14,836.08	\$2,046.64	\$6,943.72		

		Medical Cost Compa	rison Between A	A Plans and LUS Pla	ins 		
Plan	AA Core	A Core AA Standard		AA High Cost	LUS PPO 80	LUS PPO 90	
	All Plan Documents use	d for this comparison are loca	ated TWU Local 591 w	ebsite:			
	This chart is for referenc	e purposes only utiulizing info	-	etnet. Comparison Ch	art of Benefits		
				•	Committee Memb	oers	
			for TWU Lo	ocal 591 Memb	ers.		