

**CITY OF AURORA
Current Medical/Rx Benefits**

	2018 375 OAP ⁽¹⁾		2019 OAP	
	<u>Participating Provider</u>	<u>Non-Participating Provider</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Deductible – Individual/Family	\$375/\$1,125	\$750/\$1,500	\$750/\$1,500	\$1,500/\$3,000
Co-Insurance Percentage	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Out-of-Pocket Max. – Individual/Family	\$1,875/\$4,125	\$3,000/\$6,000	\$2,750/\$5,500	\$4,000/\$8,000
	(Excludes Rx Copayments)		(Excludes Rx Copayments)	
Plan Maximum	Unlimited		Unlimited	
 <u>Hospital Benefits</u>				
Inpatient Deductible (per confinement)	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Room and Board	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Miscellaneous Charges	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Emergency Room	\$150 Copay, then 100% (waived if admitted)	\$150 Copay, then 100% (waived if admitted)	\$150 Copay, then 100% (waived if admitted)	\$150 Copay, then 100% (waived if admitted)
Outpatient Surgery	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Outpatient Lab & X-ray	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
 <u>Physician Benefits</u>				
Surgical Charges	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
In-Hospital Visits	90% after Deduct.	80% after Deduct.	90% after Deduct.	80% after Deduct.
Office Visits	\$25 Copay	70% after Deduct.	\$25 Copay	70% after Deduct.
Preventative Care	100%	70% after Deduct.	100%	70% after Deduct.
 <u>Other Benefits</u>				
Ambulance	90% after Deduct.	90% after Deduct.	90% after Deduct.	90% after Deduct.
Durable Medical Equipment	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Rehabilitation Services	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Chiropractic Services	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
 <u>Mental Health/Substance Abuse</u>				
Inpatient	90% after Deduct.	70% after Deduct.	90% after Deduct.	70% after Deduct.
Outpatient	\$25 Copay, then 90%	70% after Deduct.	\$25 Copay, then 90%	70% after Deduct.
 <u>Prescription Drugs</u>				
Retail (30-Day Supply)				
Level 1	\$8 Copay		\$8 Copay	
Level 2	\$30 Copay		\$50 Copay	
Level 3	\$60 Copay		\$100 Copay	
Mail Order (90-Day Supply)	\$16 / \$60 / \$120		\$16 / \$120 / \$240	

⁽¹⁾ Fire Local 99 and Fire Management will be staying in the current 375 OAP plan until negotiations are complete.