



Municipalities Health Plan Options Comparison Chart Effective for the Plan Year April 1, 2024 through March 31, 2025¹

Municipality members –

All benefits are subject to eligibility, maximum Plan benefit, reasonable and customary determination (or negotiated fee amounts for PPO provider services), and any special limits noted in the Plan. Charges that exceed the reasonable and customary amount or other Plan limitations will not be considered eligible in determining Plan benefits.

Special rules apply to any benefits subject to the No Surprises Act. The No Surprises Act protects patients who receive emergency services at a hospital, at an independent freestanding emergency department and from air ambulances. In addition, the law protects patients who receive emergency services from an Out-of-Network provider at an In-Network facility. In certain circumstances, non-emergency items or services that are otherwise covered by the Plan from an Out-of-Network provider who is working at an In-Network facility are also subject to the No Surprises Act.

For benefits subject to the No Surprises Act, any cost-sharing payments count toward your In-Network deductible and In-Network Out-of-Pocket Expense Maximum. An explanation of your rights under the No Surprises Act is available at:

<http://local150.org/wp-content/uploads/2022/04/NSA-Notice.pdf>

Eligible expenses must be medically necessary and are subject to the Plan Year deductible unless otherwise noted. Age limitations, as specified in this Comparison Chart, are applied as of the last day of the month in which the eligible dependent's birthday occurs.

If you have any questions about your health plan options,
please contact Member Services at 708-579-6675.



Municipalities Health Plan Options Comparison Chart

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Services Offered	Eligible members/dependents can receive <u>free</u> services by using the Operators' Health Centers, Everside Health Centers, MCL Health Centers, ATI Physical Therapy facilities, Absolute Solutions Imaging Network, Gateway Foundation/Recovery Centers of America (RCA), or MinuteClinic's (where most services are <u>free</u>). Primary plan rules must be followed.		
	Plan A	EPO	
Local 150 Primary Medical Homes (not subject to deductible) (ages vary by location) Operators' Health Center (OHC), Everside Health Centers, and Midwest Coalition of Labor Health Centers (MCL Health Centers)			
Annual/School Physical Exams, Preventive Care/Wellness Visits, Immunizations, Blood Draws, Condition Management, DOT Physicals, physical therapy at OHC locations, behavioral health services at Countryside, IL OHC	100%		100%
	In-Network	Out-of-Network	In-Network ONLY
Annual Deductible (applies to all services unless noted otherwise)			
Person	\$300	\$300	None
Family	\$700	\$700	None
Medical Out-of-Pocket Maximum (applies to all services unless noted otherwise)			
Person	\$2,500	\$2,500	\$2,500
Family	\$6,000	\$6,000	\$6,000
Hospital Services	90%	80%	Inpatient: \$250 copay per admission Outpatient: \$20 copay per visit
Emergency Services in a Hospital or Independent Freestanding Emergency Department¹	90%		\$100 copay per visit
Preventive Services (not subject to the deductible) ²	100%	100% ³	100%
Physician Visits	90%	80%	Primary: \$20 copay per visit Specialist: \$40 copay per visit
Chiropractic Services⁴ (maximum of \$60 per visit and 24 visits per Plan Year)	90%	80%	\$20 copay per visit
Acupuncture (maximum of \$125 per visit and 12 treatments per Plan Year)	90%	80%	\$20 copay per visit
Outpatient Restorative Speech Therapy	90%	80%	\$20 copay per visit
Outpatient Speech Therapy for Developmental Conditions, including Congenital Neurological Diseases for Dependent Children Age 2 through Age 18	90%	80%	\$20 copay per visit
Outpatient Physical and Occupational Therapy⁵	90%	80%	\$20 copay per visit
Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children Age 2 through Age 18⁵	90%	80%	\$20 copay per visit
Lab and X-ray	90%	80%	100%



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	Plan A	EPO
Family Supplemental Benefit (per family per Plan Year)	\$1,500	\$1,500
Dental Benefit		
Deductible	\$0	
Calendar-Year Maximum	Age 19 and older: \$2,000 Under 19: no maximum	
Preventive	100%	
Basic and Restorative⁶	70%	
Orthodontia (dependent children through age 18 only)	50%; \$2,000 lifetime maximum	
Death Benefit		
Member	\$40,000	
Dependent	\$2,000	
Accidental Dismemberment and Disability Benefits		
Accidental Dismemberment	\$1,000 OR \$5,000 based on loss; \$10,000 limit for 1 accident	
Disability Benefit	\$500 per week for the first 30 days of disability (prorated for any paid days off)	



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	Plan A	EPO	
Prescription Drug Benefit			
OptumRx Network Retail Pharmacy (Short-term medication - maximum of two 30-day fills, excluding specialty drugs, then must obtain a 90-day supply)			
Generic	\$5 copay	\$5 copay	
Preferred Brand	\$10 copay	\$10 copay	
Non-Preferred Brand	\$25 copay	\$25 copay	
Specialty (requires a prior authorization)	\$100 copay	\$100 copay	
OptumRx Network Retail Pharmacy (90-day supply of Maintenance Medication) & the OptumRx Home Delivery Pharmacy			
Generic	\$15 copay	\$15 copay	
Preferred Brand	\$30 copay	\$30 copay	
Non-Preferred Brand	\$45 copay	\$45 copay	
Prescription Out-of-Pocket Maximum			
	In-Network	Out-of-Network	In-Network ONLY
Person	\$2,000	\$4,000	\$2,000
Family	\$4,000	\$8,000	\$3,200
Combined Out-of-Pocket Maximum (includes both medical and prescriptions)			
Person	\$4,500	\$6,500	\$4,500
Family	\$10,000	\$14,000	\$9,200

1 The No Surprises Act provides patients with protection from surprise medical bills when seeking emergency services or certain services from out-of-network providers at in-network facilities. It also mandates transparency regarding healthcare costs and holds patients liable for in-network cost-sharing amounts. For more information regarding Your Rights and Protections Against Surprise Medical Bills, visit <http://local150.org/wp-content/uploads/2022/04/NSA-Notice.pdf>.

2 For details on ACA-mandated preventive care services, visit www.healthcare.gov/coverage/preventive-care-benefits/. For details on ACA-mandated preventive care prescription drugs, visit <https://local150.org/moe/benefits/healthcare/>. These lists may change periodically.

3 Out-of-network preventive services are covered only for adult physical exams for member and eligible spouse and well-child care for children up to age 2

4 Outpatient chiropractic services are covered at 100% for all health plan options if medically necessary and received at the Rockford Everside Health Center, not subject to the deductible.

5 Covered at 100% if received at the Operators' Health Center or an ATI Physical Therapy facility, not subject to the deductible.

6 Coinsurance is based on Delta Dental's Allowable Fee. If you use an Out-of-Network provider, you pay the full cost of services above the Allowable Fee.

PLEASE NOTE: Absolute Solutions Imaging Network provides medically necessary MRI/CT/PET scans. Gateway Foundation and Recovery Centers of America (RCA) provide medically necessary substance abuse treatment and mental health services including but not limited to inpatient /outpatient care and residential facility. If you use these partnered vendors, all medically necessary covered services will be paid at 100%, not subject to the deductible. Primary plan rules must be followed.