



MUNICIPALITIES HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2023 through March 31, 2024¹

Effective April 1, 2023

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.



**MUNICIPALITIES
HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2023 through March 31, 2024¹**

Services Offered	Under Both Plans – Eligible members/dependents can receive FREE services by using the Operators’ Health Centers, Everside Health Centers, ATI Physical Therapy facilities, Absolute Solutions Imaging Network, Gateway Foundation/Recovery Centers of America (RCA), or MinuteClinic’s (where most services are FREE)		
	Plan A		EPO
OPERATORS’ HEALTH CENTER (Ages two and up) / Everside Health Centers (Ages vary at each location) - (not subject to deductible)			
Annual/School Physical Exams, Preventive Care/Wellness Visits, Immunizations, Blood Draws, Condition Management, DOT Physicals, physical therapy at OHC locations, behavioral health in-person or virtually at Countryside, IL OHC, chiropractor services at Everside Health Centers in IL and IA	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: \$1,500 Under 19: no maximum	
Preventive	100%	
Basic and Restorative ⁶	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	\$400 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 (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 (require prior authorization)	\$100 copay		\$100 copay
OptumRx Mail Service Pharmacy (90-day supply)			
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, and any changes will be effective April 1, 2023.

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 an 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.