

Brown County TAC Plan Options & Differences

2020-2021 PLAN YEAR

PLAN	700-G2 (Current)		1100-NG		1200-NG	
	Grandfathered	4.0% Increase	Non-Grandfathered	1.4% Increase	Non-Grandfathered	.008 decrease
Deductible	\$680/\$2040 Emp/Family	\$2750/\$8250 Emp/Family	\$750/\$2250 Emp/Family	\$3000/\$9000 Emp/Family	\$1000/\$3000 Emp/Family	\$3000/\$9000 Emp/Family
Out of Pocket						
COPAYS						
Physician	\$30		\$25		\$30	
MD/IV	\$10		\$10		\$10	
Urgent Care	\$30		\$25		\$30	
ER	\$100		\$150		\$150	
Coinsurance/Inpatient-Outpatient	90%/10%		80%/20%		80%/20%	
Lab & Xray	100%/allowable		100%/allowable		100%/allowable	
Preventive Care	100% aft \$30		100%		100%	
PRESCRIPTION	Deductible	Generic-Tier1	Brand-Tier 2	NP Brand-Tier 3		
G2 (Current)	\$135/\$405 EO/Family	\$15/\$30 (MO) 30Days/90Days	\$40/\$80 (MO)	\$65/\$130 (MO)		
NG(Non-Grandfathered)	\$100/\$300 EO/Family	\$10/\$20 (MO) 30Days/90Days	\$30/\$60 (MO)	\$50/\$100 (MO)		
(MO - Mail Order 90 Day Supply)						
(NP - Non-Preferred Brand)						

May 26, 2020
(Exhibit #6)