

effective 10-01-2020

Brown County TAC Plan Options & Differences

2020-2021 PLAN YEAR

PLAN	700-G2 (Current)	1100-NG	1200-NG
	Grandfathered	Non-Grandfathered	Non-Grandfathered
	4.0% Increase	1.4% Increase	.008 decrease
Deductible	\$680/\$2040 Emp/Family	\$750/\$22250 Emp/Family	\$1000/\$3000 Emp/Family
Out of Pocket	\$2750/\$8250 Emp/Family	\$3000/\$9000 Emp/Family	\$3000/\$9000 Emp/Family
<b>COPAYS</b>			
Physician	\$30	\$25	\$30
MD/IVe	\$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%
<b>PRESCRIPTION</b>	<b>Deductible</b>	<b>Generic-Tier 1</b>	<b>Brand-Tier 2</b>
G2 (Current)	\$135/\$405 EO/Family	\$15/\$30 (MO) 30Days/90Days	\$40/\$80 (MO)
NG(Non-Grandfathered)	\$100/\$300 EO/Family	\$10/\$20 (MO) 30Days/90Days	\$30/\$60 (MO)
			NP Brand-Tier 3
(MO - Mail Order 90 Day Supply)			\$65/\$130 (MO)
(NP - Non-Preferred Brand)			\$50/\$100 (MO)

(Exhibit #4)  
June 8, 2020

May 26, 2020  
(Exhibit #6)