Resource Document - Comparison - Medical

Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") Excluding Puerto Rico

For Illustrative Purposes Only

Benefit / Provision	Current Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")	Proposed Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")					
Active New Hires and Current Employees							
Effective Date(s)	Current Plan for 2012	4/1/2013					
Health Reimburs	ement Account (HRA)	Nov. Hiros (Hiros or Dekins day or offer 4/4/42)					
	None.	New Hires (Hired or Rehired on or after 1/1/13) None.					
		Current Employees (Hired or Rehired on or before 12/31/12) who are enrolled in the National Bargained Benefit Plan on the HRA crediting date. For 2013 the crediting date will be on or around 4/1/13 and for 2014 the crediting date will be on or around 1/1/14. HRA's are not provided for employees enrolled in an HMO.					
		<u>2013</u> <u>2014</u>					
		Ind \$500 \$500					
		Ind + 1 \$500 \$500					
		Fam \$500 \$500					
Medical	E 0040M	To (F) (15 D): (40)04(40)					
Active Full-time	For 2012*1:	Current Employees (Hired or Rehired on or before 12/31/12) Contribution Amounts					
Monthly Employee Contributions		2013 2014 2015 2016					
		New Hires (Hired or Rehired on or after 1/1/13) Contribution Amounts For Those Hired In 2013					
		2013 2014 2015 2016 Ind \$110 \$117 \$122 \$82 Ind + 1 \$234 \$244 \$252 \$169 Fam \$234 \$244 \$252 \$169					
		Contribution Amounts For Those Hired In 2014					
		<u>2013 2014 2015 2016</u>					

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Benefit / Provision			Current Health & Welfare Benefits Plan for yees ("National Bargained Benefit Plan")				Health yees (oposed h & Welfare Benefits Plan for "National Bargained Benefit Plan")
			·	Ind Ind + 1 Fam	N/A N/A N/A	\$117 \$244 \$244	\$122 \$252 \$252	\$131 \$270 \$270
				Contribution	on Amou	nts For TI	hose Hire	ed In 2015
				Ind Ind + Fam	2013 N/A N/A N/A	2014 N/A N/A N/A	2015 \$122 \$252 \$252	2016 \$131 \$270 \$270
				Contribution	on Amou	nts For TI	hose Hire	ed In 2016
				Ind Ind + 1 Fam	2013 N/A N/A N/A	2014 N/A N/A N/A	2015 N/A N/A N/A	2016 \$131 \$270 \$270
Annual Deductibles	For 2012:	Hires and Incu	mhonte)	New Hire For 2013	es and C 3-2016	urrent Em	ployees	
Deductibles	Network and ONA	% of Base Wages	Max.					
	Ind	0.5%	\$ 500	Ind Ind+ 1		Netw	ork / ON \$ 500 \$1,000	\$1,300 \$2,600
	Ind + 1 Family	1.0%	\$1,000 \$1,500	Fam			\$1,000	\$2,600
	(Integrated M	/led/Surg, Rx, 8	MH/SA)					
	Non- Network	% of Base Wages	Max.					
	Ind	1.5%	\$1,500					

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	Ind + 1 3.0% \$3,000 Family 4.5% \$4,500					
Annual Out-of-Pocket Maximums (OOP)	For 2012: Based on annual Base wages: Network/ONA If < or = % of Max. \$50k Base	New Hires and Current Employees For 2013-2016: Out-of-Pocket Maximum Amounts (excluding Annual Deductible)				
	Wages Ind 1.5% \$2,000 Ind +1 2.25% \$3,000 Family 3.0% \$4,000	2013 2014 2015 2016 Network/ Network/ Network/ Network/ ONA ONA ONA ONA St. 500 \$1,700 \$2,000 \$3,000				
	(Integrated Med/Surg, Rx, & MH/SA and Deductible is included in this OOP) Network/ONA If > % of Max.	Ind \$1,500 \$1,700 \$2,000 \$2,000 Ind + 1 \$3,000 \$3,400 \$4,000 \$4,000				
	\$50k Base Wages Ind 1.5% \$2,500 Ind +1 2.25% \$4,000 Family 3.0% \$5,300	Fam \$3,000 \$3,400 \$4,000 \$4,000 2013 2014 2015 2016 Non- Non- Non- Network/ Network/ Network/ Network/				
	(Integrated Med/Surg, Rx, & MH/SA and Deductible is included in this OOP)	Ind \$4,500 \$5,100 \$6,000 \$6,000				
	Non-Network If < or = % of Max. \$50k Base Wages	Ind + 1 \$9,000 \$10,200 \$12,000 \$12,000 Fam \$9,000 \$10,200 \$12,000 \$12,000				
	Ind 4.5% \$ 6,000 Ind + 1 6.75% \$ 9,000 Family 9.0% \$12,000	The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the plan after the Out-of-Pocket Maximum is satisfied:				
	(Integrated Med/Surg, Rx, & MH/SA and Deductible is included in this OOP) Non-Network	Deductibles Prescription Drug copays Any applicable monthly contributions				
	If > % of Max. \$50k Base Wages	Any charges for non-covered health services Any penalties for failure to comply with terms of plan (i.e., preauthorization /predetermination)				

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Benefit / Provision	Current Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")	Proposed Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")
	Ind 4.5% \$ 7,500 Ind + 1 6.75% \$12,000 Family 9.0% \$15,900 (Integrated Med/Surg, Rx, & MH/SA and Deductible is included in this OOP)	Charges that exceed eligible expenses Any charges for services that are exclusions under the plan
RX		
RX Annual Out-of-Pocket Maximums (OOP)	For 2012: Integrated with Medical-Surgical/Mental Health-Substance Abuse OOP maximums. Must meet deductible.	New Hires and Current Employees For 2013-2016: No deductible. Ind \$ 900 Ind + 1 \$1,800 Fam \$1,800 Out-of-Pocket Maximum provisions: • Applies to all Network prescription drug copays. • The following costs will never apply towards Out-of-Pocket Maximum or are paid for by the plan after the Out-of-Pocket Maximum is satisfied: • Any medical or mental health/substance abuse expenses • Any applicable monthly contributions • Any charges for non-covered prescription drugs • Any penalties for failure to comply with terms of plan (i.e., mandatory generic penalty) • Any charges for prescription drugs that are exclusions under the plan
Rx Copayments/ Coinsurance: Retail Network	For 2012: Retail – Network Copays after Ded. Generic \$ 8 Formulary \$17 Non-formulary \$35	New Hires and Current Employees For 2013-2016: 2013 2014 2015 2016 Generic \$10 \$10 \$10 Formulary \$20 \$20 \$30 \$30 Non-formulary \$40 \$40 \$60 \$60

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Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") **Excluding Puerto Rico**

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Benefit / Provision	Current Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")	Proposed Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan")
Rx Copayments/ Coinsurance: Mail Order	For 2012: Actives (New Hires and Incumbents) Retail – Network Copays after Ded. Generic \$17	New Hires and Current Employees For 2013-2016: No change from current plan except: Mandatory mail order for maintenance RX-applies after second fill at retail.
	Formulary \$35 Non-formulary \$70	2013 2014 2015 2016 Generic \$20 \$20 \$20 Formulary \$40 \$60 \$60 Non-formulary \$80 \$80 \$120