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**Active Employees and non-Medicare retirees –
retirement date ON or AFTER 3-1-2015**

Medical Coverage				
	Employee-Only	Employee + 1 (Spouse or Child)	Employee + Children	Family
Deductible (in-network)	\$900	\$1,800	\$2,700	\$2,700
Deductible (out-of-network)	\$900	\$1,800	\$2,700	\$2,700
Out-of-pocket max (in-network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (out-of-network)	\$4,700	\$8,500	\$12,250	\$12,250
Coinsurance(in-network)	10%	10%	10%	10%
Coinsurance (out-of-network)	30%	30%	30%	30%

Prescription Coverage				
Tier	Generic	Preferred	Non-Preferred	Specialty
Member Responsibility**	50% up to \$30	50% up to \$55	65% up to \$80	50% up to \$80
Once you, or your covered dependent(s), pay \$1,500 threshold:				
Member Responsibility**	\$0 co-pay	\$20 co-pay	\$40 co-pay	\$40 co-pay

****Member responsibility is for a prescription drug benefit of up to a 31-day supply.**