



SUMMARY COMPARISON OF HEALTH PLANS FOR EMPLOYEES AND THOSE RETIREES NOT ELIGIBLE FOR MEDICARE

RATES AS OF JULY 2019. SUBJECT TO CHANGE.

Table with 11 columns: TYPE OF PLAN, PPO/INDEMNITY, HMO, POS, HMO, HMO, HMO, HMO, HMO, HMO, HMO. Includes rows for Monthly Cost, Overview, Medical/Surgical, Co-Insurance, Stop Loss, Maxims, Notification, Sample Restrictions, Hospitalization, In-Hospital Specialist Consultation, Surgery, Assistant at Surgery, In-Hospital Anesthesia, Maternity and Related Care, Newborn Well-Baby Nursery Charges, Newborn Well-Baby Medical Care, Preventive Care, Office Visit, Specialist Consultation, X-Rays and Laboratory Tests, Private Duty Nursing, Ambulance Service, Emergency Service, Out-of-Area Care and/or Travel Coverage, Skilled Nursing Facility, Routine Podiatric Care, Allergy Testing and Allergy Treatments, Chiropractic Care, Radiation Therapy, Visiting Nurse Service, Physical Therapy, Appliances, Alcoholism and Drug Abuse (Chemical Dependency), Outpatient Psychiatric Care, and Dependent Children.

*Please note that the rates are not yet finalized. The rates will be modified at a later date and retroactive to July 1, 2019. **Additional Welfare Fund benefits. See Red Apple. ***Benefits in California and Arizona may differ. See City Summary Program Description. See City Summary Program Description for complete details.

This chart is a general outline of benefits provided and is not the contract. Refer to appropriate booklets for contractual provisions.

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