

2019 Retiree Plan Comparison



The following health plan options are available to Retirees effective January 1, 2019:

- CPHP = Co-Pay Health Plan (formerly "EPO Plan")
- AHDHP = Aggregate High Deductible Health Plan (formerly "PPO Plan")
- EHDHP = Embedded High Deductible Health Plan (formerly "HDHP")

Health Plan	CPHP		AHDHP		EHDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible						
Single	\$300	\$600	\$2,700	\$5,400	\$4,000	\$8,000
Employee+1 or Family	\$600	\$1,200	\$5,400	\$10,800	\$8,000	\$16,000
Your Coinsurance Percentage						
Single	20%	40%	20%	40%	20%	40%
Employee+1 or Family	20%	40%	20%	40%	20%	40%
Your Out-of-Pocket Maximum						
Single	\$3,500	\$7,000	\$4,250	\$8,500	\$5,000	\$10,000
Employee+1 or Family	\$7,000	\$14,000	\$8,500	\$17,000	\$10,000	\$20,000
Preventive Care (Wellness Schedule Applies)	Plan pays 100%	40% after Deductible	Plan pays 100%	40% after Deductible	Plan pays 100%	40% after Deductible
Office Visit Co-Pay						
Primary Care	\$25	40% after Deductible	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Specialist	\$50	40% after Deductible	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Urgent Care Co-Pay	\$75	40% after Deductible	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Emergency Room Co-Pay (Life and Limb Threatening)	\$150	Same as In-Network	20% after Deductible	Same as In-Network	20% after Deductible	Same as In-Network
Hospital Inpatient Co-Pay (Room and Board)	\$250/Day up to 4 days	40% after Deductible	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Prescription Drug						
Retail Pharmacy	30-day supply		30-day supply		30-day supply	
Mail Order Pharmacy	90-day supply		90-day supply		90-day supply	
Your Deductible						
Single	Included with Medical		Included with Medical		Included with Medical	
Employee+1 or Family	Included with Medical		Included with Medical		Included with Medical	
Your Coinsurance						
Generic	10%		10%		10%	
Formulary Brand	30%		30%		30%	
Non-Formulary Brand	40%		40%		40%	
Your Out-of-Pocket Maximum						
Single	Included with Medical		Included with Medical		Included with Medical	
Employee+1 or Family	Included with Medical		Included with Medical		Included with Medical	

All (Medical and Prescription Drug) out-of-pocket expenses included in Out-of-Pocket Maximum (Deductible, Coinsurance and Co-Pays). Co-pays apply in lieu of deductible and coinsurance; once paid, remaining charges are paid at 100% by the plan.

(See back for more AHDHP and EHDHP plan details)

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AHDHP and EHDHP Plan Features

For 2019, all plans will continue to have a shared (medical and pharmacy) deductible and out-of-pocket limit, cover the same services and use the same network (UnitedHealthcare Choice Plus). However, both the AHDHP and EHDHP plans are different in that:

- 1) The deductibles are higher and apply to all covered expenses except preventive services. Under the CPHP plan, the deductible is lower and - in some cases - is not applied to certain services.
- 2) There are no co-pays. The CPHP plan has co-pays for office visit, urgent care, emergency room and hospital inpatient services. Under the AHDHP and EHDHP plans, you pay the full (discounted) amount for these services and those charges are applied to your deductible.
- 3) The monthly premium rates are less than the CPHP plan offering.
- 4) They are considered qualified plans. Assuming other requirements are met (see below), this gives plan participants the opportunity to open and contribute to a Health Savings Account (HSA), which can then be used to pay for eligible health care expenses on a tax-preferred basis. Please note that setting up an HSA is something that you need to do on your own - it is not facilitated by Marquette.

This year, the AHDHP plan will have embedded deductible and out-of-pocket limits, just like the CPHP and EHDHP plans. This means that, when enrolling dependents, each family member is capped at the individual deductible and out-of-pocket limit amounts. Under this arrangement, it will take at least two family members' expenses to meet the family limits (as opposed to previously, when family limits could have been met by just one person).

To Qualify for an HSA:

- 1) You must be enrolled in the AHDHP or EHDHP plan.
- 2) You cannot be covered by any other non-qualified plan, including a spouse's FSA.
- 3) You cannot be covered by any other medical plan, including Medicare A and/or B.
- 4) You cannot be claimed as a dependent on another person's tax return.

HSA Features

- The money you contribute is yours and is portable.
- Withdrawals from HSAs for qualified health care expenses are tax-free. If you withdraw money for any reason other than qualified health care expenses, you must pay income tax and a 20% IRS tax penalty.
- You must have a balance in your account to make a withdrawal.
- The maximum you can contribute to an HSA in one year is set by the IRS (in 2019, \$3,500 for single coverage and \$7,000 for family coverage). If you are age 55 or older, you can contribute additional catch-up contributions. It is your responsibility to make sure your HSA contributions do not go over the IRS maximum.