



**PAINTERS DISTRICT COUNCIL #4 HEALTH & WELFARE FUND
OPEN ENROLLMENT EFFECTIVE MARCH 1, 2024: BENEFIT SUMMARIES**

	PROPOSED BENEFIT OPTION 800 (HIGH)	PROPOSED BENEFIT OPTION 800 (MED)	PROPOSED BENEFIT OPTION 800 (LOW)
IN-NETWORK DEDUCTIBLE	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000
CO-INSURANCE	90%/10%	80%/20%	80%/20%
OUT OF POCKET MAXIMUM	\$2,500/\$5,000	\$4,000/\$8,000	\$5,000/\$10,000
OUT-OF-NETWORK DEDUCTIBLE	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000
CO-INSURANCE	70%/30%	60%/40%	60%/40%
OUT-OF-POCKET MAXIMUM	\$5,000/\$10,000	\$6,000/\$12,000	\$10,000/\$20,000
PHYSICIAN COPAY	\$20	\$25	20% AFTER DEDUCTIBLE
SPECIALIST COPAY	\$30	\$40	20% AFTER DEDUCTIBLE
HOSPITAL COPAY	\$500	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY COPAY	\$75	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
EMERGENCY ROOM	\$150	\$150	20% AFTER DEDUCTIBLE
URGENT CARE	\$50	\$50	20% AFTER DEDUCTIBLE
PRESCRIPTION DRUG	\$5/\$30/\$50 AT RETAIL (2.5 TIMES AT MAIL)	\$5/20%/20% AT RETAIL (\$150 MAX/\$250 MAX) (2.5 TIMES AT MAIL)	\$15/50%/50% AT RETAIL (AFTER DEDUCTIBLE) (2.5 TIMES AT MAIL)
SINGLE RATE	\$783.14	\$628.49	\$492.68
TWO PERSON RATE	\$1,530.35	\$1,228.00	\$962.54
FAMILY RATE	\$1,995.58	\$1,640.71	\$1,317.22