



washington river
protection solutions

PO Box 850
Richland, WA 99352

December 7, 2020

2020-LR-080

Mr. Jeff S. McDaniel, President
Hanford Atomic Metal Trades Council
Post Office Box 898
Richland, Washington 99352

Dear Mr. McDaniel:

**2020 WASHINGTON RIVER PROTECTION SOLUTIONS HANFORD ATOMIC METAL
TRADES COUNCIL ONE-YEAR EXTENSION AND GENERAL WAGE INCREASE**

Attached, for your concurrence, is the Memorandum of Agreement and supporting documents representing the agreement reached between Washington River Protection Solutions (WRPS) and the Hanford Atomic Metal Trades Council (HAMTC) during the recent one-year extension negotiations. All provisions were bargained during the October 2020 timeframe and were ratified by HAMTC on December 4, 2020.

Sincerely,

Scott J Sheets, Manager
Labor Relations
SJS:sjb

Concurrence:

Jeff McDaniel, President
Hanford Atomic Metal Trades Council

12-7-2020
Date

MEMORANDUM OF AGREEMENT
Between
WASHINGTON RIVER PROTECTION SOLUTIONS (WRPS)
And the
HANFORD ATOMIC METAL TRADES COUNCIL (HAMTC)

**2020 ONE-YEAR EXTENSION NEGOTIATION OF THE 2014 LABOR AGREEMENT
AND 2020 GENERAL WAGE INCREASE**

The Parties did meet beginning October 20, 2020, as specified in Section 6D of Article XIX, of the 2014 Labor Agreement to reach agreement on a one-year extension of the current Labor Agreement, to negotiate a General Wage Increase (GWI) for 2020, and to negotiate and reach agreement on those particular Labor Agreement Articles impacted from such agreement.

The Parties have agreed to the following:

1. **Article XIX, Section 6:**

Effective November 11, 2020, a general wage increase of three percent (3.0%) will be added to each eligible employee's paid wage rate.

2. **Article XXVIII, Section 1:**

This Agreement shall become effective the eleventh day of November 2020, and shall continue in full force and effect through the tenth day of November 2021. This Agreement will continue year-to-year thereafter unless notice is given, in writing, by the Employer or the Council not more than ninety (90) days or not less than sixty (60) days prior to November 10, 2021, of its desire to modify, amend or terminate this Agreement.

The Parties stipulate to the following items that was not subject to negotiations:

1. **Attachment E, Benefit Plan Designs:**

No change to the 2020 benefit plan designs for 2021 for healthcare carriers United Healthcare (UHC), Kaiser Permanente and Delta Dental of Washington. One change to Willamette Dental of Washington – added Dental Implant Surgery under Miscellaneous. (See attached)

2. **Attachment F, Employee Cost Share and Maximum Out-of-Pocket Cost for Medical and Dental**

Projection from 2020 to 2021 based on current CBA language. (See attached)

IN WITNESS WHEREOF, the Parties hereto have caused their names to be subscribed to this Agreement by their duly authorized officers and representatives this 7th day of December, 2020, at Richland, Washington.

For the Employer:



Scott Sheets
Acting Manager, Labor Relations
Washington River Protection Solutions

For the Council:



Jeffrey S. McDaniel
President
Hanford Atomic Metal Trades Council

The employee medical/vision and dental contributions for calendar years 2016-2021

	Kaiser Permanente	UnitedHealthcare	Williamette Dental	Delta Dental
January 2016	24%	24%	25%	25%
January 2017	24%	24%	25%	25%
January 2018	24%	24%	25%	25%
January 2019	24%	24%	25%	25%
January 2020	24%	24%	25%	25%
January 2021	24%	24%	25%	25%

Built-in cap based on plan design changes and 12% medical premium escalation for 2016-2018 and 13% 2019-2021.
 Built-in cap based on plan design changes and 5% dental premium escalation for 2016-2021.

Kaiser Permanente

2015	2016 Projected	2016 Employee	2016 Maximum
Premiums	Premiums with Escalation @ 12%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 621.29	695.84	167.09
Employee +1	\$ 1,136.84	1,273.37	305.61
Employee + >1	\$ 1,907.34	2,136.22	512.69

2016 Projected	2017 Projected	2017 Employee	2017 Maximum
Premiums	Premiums with Escalation @ 12%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 695.84	779.35	187.04
Employee +1	\$ 1,273.37	1,426.18	342.28
Employee + >1	\$ 2,136.22	2,392.57	574.22

2017 Projected	2018 Projected	2018 Employee	2018 Maximum
Premiums	Premiums with Escalation @ 12%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 779.35	872.87	209.49
Employee +1	\$ 1,426.18	1,597.32	393.95
Employee + >1	\$ 2,392.57	2,679.68	643.12

2018 Projected	2019 Projected	2019 Employee	2019 Maximum
Premiums	Premiums with Escalation @ 13%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 872.87	986.34	236.72
Employee +1	\$ 1,597.32	1,804.97	433.19
Employee + >1	\$ 2,679.68	3,028.03	726.73

2019 Projected	2020 Projected	2020 Employee	2020 Maximum
Premiums	Premiums with Escalation @ 13%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 986.34	1,114.55	267.50
Employee +1	\$ 1,804.97	2,039.62	498.51
Employee + >1	\$ 3,028.03	3,421.89	821.20

2020 Projected	2021 Projected	2021 Employee	2021 Maximum
Premiums	Premiums with Escalation @ 13%	Contribution (%)	Employee Contribution (\$)
Employee	\$ 1,114.56	1,259.46	302.27
Employee +1	\$ 2,039.62	2,304.77	533.14
Employee + >1	\$ 3,421.89	3,866.50	927.99

In the event the premium increase is less than the projected escalation rate (13%), the Employee Contributions will be based on the percent specified for each plan.
 In the event the premium increase is greater than the projected escalation rate (13%), the Employee Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

UNITED HEALTHCARE (UHC)

	2015 Premiums (Monthly)	2016 Projected Premiums with Escalation @ 12%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 1,025.19	\$ 1,148.21	24%	\$ 275.57
Employee +1	\$ 2,002.24	\$ 2,242.51	24%	\$ 538.20
Employee + >1	\$ 2,874.69	\$ 3,219.65	24%	\$ 772.72

	2016 Projected Premiums (Monthly)	2017 Projected Premiums with Escalation @ 12%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 1,148.21	\$ 1,286.00	24%	\$ 308.64
Employee +1	\$ 2,242.51	\$ 2,511.61	24%	\$ 602.79
Employee + >1	\$ 3,219.65	\$ 3,606.01	24%	\$ 865.44

	2017 Projected Premiums (Monthly)	2018 Projected Premiums with Escalation @ 12%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 1,286.00	\$ 1,440.32	24%	\$ 345.68
Employee +1	\$ 2,511.61	\$ 2,813.00	24%	\$ 675.12
Employee + >1	\$ 3,606.01	\$ 4,038.73	24%	\$ 969.30

	2018 Projected Premiums (Monthly)	2019 Projected Premiums with Escalation @ 13%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 1,440.32	\$ 1,627.56	24%	\$ 390.61
Employee +1	\$ 2,813.00	\$ 3,178.69	24%	\$ 762.89
Employee + >1	\$ 4,038.73	\$ 4,563.77	24%	\$ 1,095.30

	2019 Projected Premiums (Monthly)	2020 Projected Premiums with Escalation @ 13%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 1,627.56	\$ 1,839.14	24%	\$ 441.39
Employee +1	\$ 3,178.69	\$ 3,591.92	24%	\$ 862.06
Employee + >1	\$ 4,563.77	\$ 5,157.06	24%	\$ 1,237.69

	2020 Projected Premiums (Monthly)	2021 Projected Premiums with Escalation @ 13%	2021 Employee Contribution (%)	2021 Maximum Employee Contribution (\$)
Employee	\$ 1,839.14	\$ 2,078.23	24%	\$ 498.78
Employee +1	\$ 3,591.92	\$ 4,058.87	24%	\$ 974.13
Employee + >1	\$ 5,157.06	\$ 5,827.47	24%	\$ 1,398.59

The Maximum Monthly Contributions are based on a projected 13% increase in the premium for health plans for years 2019-2021. In the event the premium increase is less than the projected escalation rate (13%), the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than the projected escalation rate (13%), the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

WILLAMETTE DENTAL

	2015 Premiums (Monthly)	2016 Projected Premiums with Escalation @ 5%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 39.04	\$ 40.99	25%	\$ 10.25
Employee +1	\$ 78.23	\$ 82.14	25%	\$ 20.54
Employee + >1	\$ 146.55	\$ 153.88	25%	\$ 38.47

	2016 Projected Premiums (Monthly)	2017 Projected Premium with Escalation @ 5%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 40.99	\$ 43.04	25%	\$ 10.76
Employee +1	\$ 82.14	\$ 86.25	25%	\$ 21.56
Employee + >1	\$ 153.88	\$ 161.57	25%	\$ 40.39

	2017 Projected Premiums (Monthly)	2018 Projected Premium with Escalation @ 5%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 43.04	\$ 45.19	25%	\$ 11.30
Employee +1	\$ 86.25	\$ 90.56	25%	\$ 22.64
Employee + >1	\$ 161.57	\$ 169.65	25%	\$ 42.41

	2018 Projected Premiums (Monthly)	2019 Projected Premium with Escalation @ 5%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 45.19	\$ 47.45	25%	\$ 11.86
Employee +1	\$ 90.56	\$ 95.09	25%	\$ 23.77
Employee + >1	\$ 169.65	\$ 178.13	25%	\$ 44.53

	2019 Projected Premium (Monthly)	2020 Projected Premium with Escalation @ 5%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 47.45	\$ 49.83	25%	\$ 12.46
Employee +1	\$ 95.09	\$ 99.84	25%	\$ 24.96
Employee + >1	\$ 178.13	\$ 187.04	25%	\$ 46.76

	2020 Projected Premium (Monthly)	2021 Projected Premium with Escalation @ 5%	2021 Employee Contribution (%)	2021 Maximum Employee Contribution (\$)
Employee	\$ 49.83	\$ 52.32	25%	\$ 13.08
Employee +1	\$ 99.84	\$ 104.84	25%	\$ 26.21
Employee + >1	\$ 187.04	\$ 196.39	25%	\$ 49.10

The Maximum Monthly Contributions are based on a projected 5% increase in the premium for dental plans for 2016-2021. In the event the premium increase is less than 5%, the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than 5%, the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

WILLAMETTE DENTAL

	2015 Premiums (Monthly)	2016 Projected Premiums with Escalation @ 5%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 39.04	\$ 40.99	25%	\$ 10.25
Employee +1	\$ 78.23	\$ 82.14	25%	\$ 20.54
Employee + >1	\$ 146.55	\$ 153.88	25%	\$ 38.47

	2016 Projected Premiums (Monthly)	2017 Projected Premiums with Escalation @ 5%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 40.99	\$ 43.04	25%	\$ 10.76
Employee +1	\$ 82.14	\$ 86.25	25%	\$ 21.56
Employee + >1	\$ 153.88	\$ 161.57	25%	\$ 40.39

	2017 Projected Premiums (Monthly)	2018 Projected Premiums with Escalation @ 5%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 43.04	\$ 45.19	25%	\$ 11.30
Employee +1	\$ 86.25	\$ 90.56	25%	\$ 22.64
Employee + >1	\$ 161.57	\$ 169.65	25%	\$ 42.41

	2018 Projected Premiums (Monthly)	2019 Projected Premiums with Escalation @ 5%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 45.19	\$ 47.45	25%	\$ 11.86
Employee +1	\$ 90.56	\$ 95.09	25%	\$ 23.77
Employee + >1	\$ 169.65	\$ 178.13	25%	\$ 44.53

	2019 Projected Premium (Monthly)	2020 Projected Premium with Escalation @ 5%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 47.45	\$ 49.83	25%	\$ 12.46
Employee +1	\$ 95.09	\$ 99.84	25%	\$ 24.96
Employee + >1	\$ 178.13	\$ 187.04	25%	\$ 46.76

	2020 Projected Premium (Monthly)	2021 Projected Premium with Escalation @ 5%	2021 Employee Contribution (%)	2021 Maximum Employee Contribution (\$)
Employee	\$ 49.83	\$ 52.32	25%	\$ 13.08
Employee +1	\$ 99.84	\$ 104.84	25%	\$ 26.21
Employee + >1	\$ 187.04	\$ 196.39	25%	\$ 49.10

The Maximum Monthly Contributions are based on a projected 5% increase in the premium for dental plans for 2016-2021. In the event the premium increase is less than 5%, the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than 5%, the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

DELTA DENTAL OF WASHINGTON

	2015 Premiums (Monthly)	2016 Projected Premiums with Escalation @ 5%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 42.13	\$ 44.24	25%	\$ 11.06
Employee +1	\$ 76.15	\$ 79.96	25%	\$ 19.99
Employee + >1	\$ 112.69	\$ 118.32	25%	\$ 29.58

	2016 Projected Premiums (Monthly)	2017 Projected Premiums with Escalation @ 5%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 44.24	\$ 46.45	25%	\$ 11.61
Employee +1	\$ 79.96	\$ 83.96	25%	\$ 20.99
Employee + >1	\$ 118.32	\$ 124.24	25%	\$ 31.06

	2017 Projected Premiums (Monthly)	2018 Projected Premiums with Escalation @ 5%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 46.45	\$ 48.77	25%	\$ 12.19
Employee +1	\$ 83.96	\$ 88.15	25%	\$ 22.04
Employee + >1	\$ 124.24	\$ 130.45	25%	\$ 32.61

	2018 Projected Premiums (Monthly)	2019 Projected Premiums with Escalation @ 5%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 48.77	\$ 51.21	25%	\$ 12.80
Employee +1	\$ 88.15	\$ 92.56	25%	\$ 23.14
Employee + >1	\$ 130.45	\$ 136.98	25%	\$ 34.24

	2019 Projected Premiums (Monthly)	2020 Projected Premiums with Escalation @ 5%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 51.21	\$ 53.77	25%	\$ 13.44
Employee +1	\$ 92.56	\$ 97.19	25%	\$ 24.30
Employee + >1	\$ 136.98	\$ 143.82	25%	\$ 35.96

	2020 Projected Premiums (Monthly)	2021 Projected Premiums with Escalation @ 5%	2021 Employee Contribution (%)	2021 Maximum Employee Contribution (\$)
Employee	\$ 53.77	\$ 56.46	25%	\$ 14.11
Employee +1	\$ 97.19	\$ 102.05	25%	\$ 25.51
Employee + >1	\$ 143.82	\$ 151.02	25%	\$ 37.75

The Maximum Monthly Contributions are based on a projected 5% increase in the premium for dental plans for 2016-2021. In the event the premium increase is less than 5%, the Employee Contributions will be based on the percent specified for each plan. In the event the premium increase is greater than 5%, the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

ATTACHMENT E
Willamette Dental of Washington

Benefit	2020	2021
Annual Maximum	No Annual Maximum*	No Annual Maximum*
Deductible	No Deductible	No Deductible
Office Visit Co-payment	\$20 per visit	\$20 per visit
Diagnostic and Preventative Services		
Routine and Emergency Exams	Covered at 100%	Covered at 100%
All X-rays	Covered at 100%	Covered at 100%
Teeth Cleaning	Covered at 100%	Covered at 100%
Fluoride treatment	Covered at 100%	Covered at 100%
Sealants	Covered at 100%	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%	Covered at 100%
Oral Hygiene Instructions	Covered at 100%	Covered at 100%
Periodontal Screening	Covered at 100%	Covered at 100%
Periodontal Maintenance	Covered at 100%	Covered at 100%
Restorative Dentistry and Prosthetics		
Fillings	Covered at 100%	Covered at 100%
Permanent Crowns	\$120	\$120
Complete Upper or Lower Denture	\$170	\$170
Bridge per tooth	\$120	\$120
All lab fees	Covered at 100%	Covered at 100%
Endodontics and Periodontics		
Root canal therapy - anterior	\$50	\$50
Root canal therapy - bicuspid	\$75	\$75
Root canal therapy - molar	\$100	\$100
Osseous Surgery - per quadrant	\$140	\$140
Root Planning - per quadrant	Fully Covered	Fully Covered
Oral Surgery		
Routine extraction - single tooth	Covered at 100%	Covered at 100%
Surgical extraction	\$50	\$50
Orthodontia		
Pre-orthodontic service	\$150**	\$150**
Comprehensive Orthodontia	\$1,500	\$1,500
Miscellaneous		
Local Anesthesia (Novocain)	Covered at 100%	Covered at 100%
Nitrous Oxide (per visit)	\$10	\$10
*Dental Implant Surgery		\$1500 max benefit CY
After-hours emergency care	\$20	\$20
Missed appointment fee	\$20	\$20
Out of area emergency care reimbursement up to	\$100	\$100
TMJ	1,000 annual maximum/ \$5,000 lifetime maximum*	1,000 annual maximum/ \$5,000 lifetime maximum*

**Fee credited toward comprehensive orthodontic co-payment if patient accepts treatment plan.

ATTACHMENT F

BENEFITS	KAISER POS OPTIONS 2020	KAISER POS OPTIONS 2021
Annual Out-of-Pocket Maximum	-	No Change
Deductible – In-Network Deductible – Out-of-Network	In Network: \$150/\$300 Out of Network: \$250/\$500 (Deductible included in out of pocket limit)	No Change
Coinsurance – In Network Coinsurance – Out-of-Network	In Network: 80%/20% Out of Network: 70%/30%	No Change
Office Visit/Urgent Care	In Network: 80%/20% Out of Network: 70%/30%	No Change
Preventive care Well adult and well child physicals, immunizations, pap smears, mammograms and prostate/colorectal cancer screening	No change In Network Covered in full Out of Network: No co-pay, deductible and co-insurance apply	No change
Lab & X-Ray Services	In Network: 80%/20% Out of Network: 70%/30%	No Change
Chiropractic Care	In Network: 80%/20% Out of Network: 70%/30% Visits: 20 per year	No Change
Prescription Drugs	In Network Retail: \$20/\$40/\$60 Generic/formulary brand/non-formulary Mail-order: <ul style="list-style-type: none"> • Up to 90 day supply \$40/\$80/\$120 • Subject to formulary Allergy Serum - No Change Out of network: \$25/\$45/\$65 Not subject to deductible	No Change
Inpatient Hospital	In Network: 80%/20% Out of Network: 70%/30%	No Change
Outpatient Hospital	In Network: 80%/20% Out of Network: 70%/30%	No Change
Maternity Services	In Network: 80%/20% Out of Network: 70%/30%	No Change

ATTACHMENT F

BENEFITS	UnitedHealthcare PPO		UnitedHealthcare PPO
		2020	
Annual Out-of-Pocket Maximum	In Network	\$1,350/\$2,700	No Change
	Out of Network:	\$3,500/\$7,000	
Deductible – In-Network		\$325/\$650	No Change
Deductible – Out-of-Network		\$425/ \$850	
Coinsurance – In Network	In Network:	80/20%	No Change
Coinsurance – Out-of-Network	Out of network:	60/40%	
Office Visit/Urgent Care	In Network:	80/20%	No Change
	Out of network:	60/40%	
Preventive care *Wellness medical care *Well-baby and well-child care. *Routine well-woman examinations, including pap smears, pelvic examinations and mammograms *Routine well man exams, including PSA tests *Routine wellness care *Immunizations, may not include shingles	In Network: No co-pay for preventive/ wellness care Must be coded as such exclusively Out of Network:	 60/40%	No Change
Lab & X-Ray Services	In Network: Out of network:	80/20% 60/40%	No Change
Chiropractic Care	In Network: Out of Network: Visits:	80/20% 60/40% 20 total	No Change
Prescription Drugs Express Scripts, Inc.	Retail (30 day supply) \$10 generic /\$35 brand name preferred/ \$50 brand non- preferred/20% with min out of pocket \$65 and max out of pocket \$150 Specialty drug Mail Order (90-day supply) \$20/\$70/\$100 No deductible Maximum Out-of-Pocket \$1,750 Individual/\$2,750 Family Step Therapy Program Prior Authorization		No Change
Inpatient Hospital	In Network: Out of Network:	80/20% 60/40%	No Change
Outpatient Hospital	In Network: Out of Network:	80/20% 60/40%	No Change
Maternity Services	In Network: Out of Network:	80/20% 60/40%	No Change

ATTACHMENT F

BENEFITS	UnitedHealthcare PPO 2020	UnitedHealthcare PPO 2021
Emergency Room Care (Hospital)	\$150 per visit plus 20% after deductible	No Change
Ambulance	80/20% after deductible	No Change
Durable Medical Equipment & Supplies	In Network: 80/20% after deductible Out of Network: 60/40% After deductible	No Change
Rehabilitation Services Any combination of PPO Network and PPO Non-Network <u>Benefits are limited as follows:</u> <ul style="list-style-type: none"> • 30 visits of physical therapy per calendar year • 30 visits of occupational therapy per calendar year. • 30 visits of speech therapy per calendar year • 20 visits of pulmonary rehabilitation therapy per calendar year • 20 visits of cardiac rehabilitation therapy per calendar year <u>Out-of Area Benefits are limited as follows:</u> <ul style="list-style-type: none"> • 30 visits of physical therapy per calendar year. • 30 visits of occupational therapy per calendar year. • 30 visits of speech therapy per calendar year. • 20 visits of pulmonary rehabilitation therapy per calendar year. • 20 visits of cardiac rehabilitation therapy per calendar year. 	In Network: <u>Outpatient:</u> 80/20% Visits: 30/CY 20 for Cardiac and Pulmonary <u>Inpatient:</u> 80/20% Visits: 30/CY 20 for Cardiac and Pulmonary Out of network: 60/40%	No Change
Mental Health Services *Pre-authorization required, or benefits may not be approved	In Network <u>Outpatient:</u> 80%/20% coinsurance & deductible applies <u>Inpatient:</u> 80%/20% coinsurance & deductible applies Out of Network Outpatient: 60%/40% coinsurance & deductible applies Inpatient: 60%/40% coinsurance & deductible applies	No Change

ATTACHMENT F

BENEFITS	UnitedHealthcare PPO 2020	UnitedHealthcare PPO 2021
Chemical Dependency	<p><u>Inpatient:</u> In Network: 80%/20% coinsurance & deductible applies</p> <p>Out of Network: 60%/40% coinsurance & deductible applies</p> <p><u>Outpatient:</u> In Network: 80%/20% coinsurance & deductible applies</p> <p>Out of Network 60%/40% coinsurance & deductible applies</p>	No Change
Vision Exam	<p>In-network: UHC VISION Annual Exam : \$10 co-pay</p> <p>Out of network: Exam annually. 85% of R&C. Maximum reimbursement in a calendar year is \$165 for exam and hardware combined.</p>	No Change
Optical Hardware	<p>In-network: UHC VISION Lenses- every 12 months \$10 co-pay Frames – every other year</p> <p>Out of network: Frames and lenses every other year. Up to \$165.00 total (including exam)</p>	No Change