2024 EASTERN GTS MONTHLY PREMIUMS

					OUT-OF-POCKET MAXIMUM		PARTICIPANT COPAYMENT		
OPTION A	VEBA	EMP.	TOTAL	ANNUAL DEDUCTIBLE	IN NETWORK	OUT-OF-NETWORK		IN NETWORK	OUT-OF- NETWORK
EMPLOYEE ONLY	\$0.00	\$32.96	\$32.96	\$2,100	\$4,840	\$9,690			
EMPLOYEE + CHILDREN	\$0.00	\$110.95	\$110.95	\$4,200	\$7000 Per Person	\$14,000 Per Person	Medical Care/Ser.	20%	40%
EMPLOYEE + SPOUSE	\$0.00	\$131.59	\$131.59	\$4,200	\$7000 Per Person	\$14,000 Per Person	Office Visits	20%	40%
EMPLOYEE + FAMILY	\$0.00	\$178.02	\$178.02	\$4,200	\$9,680	\$19,380	E.R. Visits	20%	40%
DOMESTIC PARTNER	\$0.00	\$572.90	\$572.90	\$4,200	\$7000 Per Person	\$14,000 Per Person	Prescriptions	20%	
OPTION B							,		
EMPLOYEE	\$17.62	\$37.82	\$55.44	\$1,190	\$4,750	\$8,310			
EMPLOYEE + CHILDREN	\$56.71	\$91.29	\$148.00	\$1190 Per Person	\$4,750 Per Person	\$8,310 Per Person	Medical Care/Ser.	20%	40%
EMPLOYEE + SPOUSE	\$71.54	\$113.62	\$185.16	\$1190 Per Person	\$4,750 Per Person	\$8,310 Per Person	Office Visits	20%	40%
EMPLOYEE + FAMILY	\$105.91	\$162.77	\$268.68	\$2,380	\$9,500	\$16,620	E.R. Visits	\$100 + 20%	\$100 + 20%
DOMESTIC PARTNER	\$0.00	\$635.74	\$635.74	\$1190 Per Person	\$4,750 Per Person	\$8,310 Per Person			
PRESCRIPTION				\$84	\$1,050				
OPTION C							-		
EMPLOYEE	\$37.03	\$85.88	\$122.91	\$590	\$2,380	\$4,160			
EMPLOYEE + CHILDREN	\$101.65	\$180.28	\$281.93	\$590 Per Person	\$2,380 Per Person	\$4,160 Per Person	Medical Care/Ser.	20%	40%
EMPLOYEE + SPOUSE	\$125.89	\$219.91	\$345.80	\$590 Per Person	\$2,380 Per Person	\$4,160 Per Person	Office Visits	20%	40%
EMPLOYEE + FAMILY	\$180.37	\$309.18	\$489.55	\$1,180	\$4,760	\$8,320	E.R. Visits	\$100 + 20%	\$100 + 20%
DOMESTIC PARTNER	\$0.00	\$691.02	\$691.02	\$590 Per Person	\$2,380 Per Person	\$4,160 Per Person			
PRESCRIPTION				\$84	\$1,050				
DENTAL					1				
EMPLOYEE	\$0.00	\$14.29	\$14.29	\$25					
EMPLOYEE + CHILDREN	\$0.00	\$39.61	\$39.61	\$25 Per Person					
EMPLOYEE + SPOUSE	\$0.00	\$28.84	\$28.84	\$25 Per Person					
EMPLOYEE + FAMILY	\$0.00	\$49.08	\$49.08	\$75					
DOMESTIC PARTNER	\$0.00	\$44.76	\$44.76	\$25 Per Person					
VISION			1						
EMPLOYEE	\$0.00	\$4.88	\$4.88						
EMPLOYEE + CHILDREN	\$0.00	\$9.86	\$9.86						
EMPLOYEE + SPOUSE	\$0.00	\$11.07	\$11.07						
EMPLOYEE + FAMILY	\$0.00	\$13.49	\$13.49						

DOMESTIC PARTNER

\$0.00 \$9.77

\$9.77