

\*Newly Negotiate Premiums for 2020 Upon Ratification \*\*Updated 8/20/19\*\*

Full Time	2020 Total Bi-Weekly Contribution Non-Smoker				2020 Total Bi-Weekly Contribution Smoker			
	Employee	EE+Spouse	EE+Children	EE+Family	Employee	EE+Spouse	EE+Children	EE+Family
<b>2020 Premium CDHP</b>								
less than \$30,000	\$54.33	\$152.75	\$127.98	\$248.52	\$101.00	\$250.76	\$211.99	\$383.87
\$30,000 but less than \$50,000	\$63.80	\$170.23	\$143.40	\$274.03	\$110.47	\$268.24	\$227.41	\$409.38
\$50,000 but less than \$70,000	\$73.41	\$188.02	\$159.07	\$299.96	\$120.08	\$286.03	\$243.08	\$435.31
\$70,000 but less than \$100,000	\$82.87	\$205.67	\$174.59	\$325.74	\$129.54	\$303.68	\$258.60	\$461.09
<b>2020 Standard CDHP</b>								
less than \$30,000	\$25.80	\$92.84	\$76.63	\$165.78	\$68.19	\$181.86	\$152.94	\$288.72
\$30,000 but less than \$50,000	\$35.27	\$110.32	\$92.05	\$191.29	\$77.66	\$199.34	\$168.36	\$314.23
\$50,000 but less than \$70,000	\$44.88	\$128.11	\$107.72	\$217.22	\$87.27	\$217.13	\$184.03	\$340.16
\$70,000 but less than \$100,000	\$54.34	\$145.76	\$123.24	\$243.00	\$96.73	\$234.78	\$199.55	\$365.94
<b>2020 Savings HDHP</b>								
less than \$30,000	\$6.43	\$52.16	\$41.76	\$109.61	\$45.92	\$135.08	\$112.83	\$224.12
\$30,000 but less than \$50,000	\$15.90	\$69.64	\$57.18	\$135.12	\$55.39	\$152.56	\$128.25	\$249.63
\$50,000 but less than \$70,000	\$25.51	\$87.43	\$72.85	\$161.05	\$65.00	\$170.35	\$143.92	\$275.56
\$70,000 but less than \$100,000	\$34.97	\$105.08	\$88.37	\$186.83	\$74.46	\$188.00	\$159.44	\$301.34

\*Previously Negotiated premium rates negotiated in 2017 for 2020 that will be replace with the above rates if the new agreement is ratified.

2020		NonTobacco (Bi-Weekly)				Tobacco (Bi-Weekly)			
Full Time Contributions		EE	Sp	Ch	Fam	EE	Sp	Ch	Fam
PPO	< \$30k	\$53.21	\$162.42	\$146.69	\$291.59	\$57.58	\$175.74	\$158.72	\$315.50
PPO	30-49k	\$77.32	\$196.18	\$179.91	\$341.93	\$83.67	\$212.26	\$194.66	\$369.97
PPO	50-69k	\$101.42	\$229.93	\$213.15	\$392.27	\$109.73	\$248.78	\$230.63	\$424.44
PPO	70-99k	\$125.55	\$263.66	\$246.41	\$442.58	\$135.84	\$285.28	\$266.61	\$478.87
CDHP	< \$30k	\$46.98	\$143.38	\$129.48	\$257.38	\$50.83	\$155.14	\$140.10	\$278.49
CDHP	30-49k	\$68.25	\$173.14	\$158.80	\$301.81	\$73.85	\$187.34	\$171.82	\$326.56
CDHP	50-69k	\$89.53	\$202.93	\$188.14	\$346.25	\$96.87	\$219.57	\$203.57	\$374.64
CDHP	70-99k	\$110.80	\$232.73	\$217.50	\$390.65	\$119.89	\$251.81	\$235.34	\$422.68
HDHP	< \$30k	\$41.76	\$127.43	\$115.08	\$228.79	\$45.19	\$137.88	\$124.52	\$247.55
HDHP	30-49k	\$60.66	\$153.92	\$141.17	\$268.28	\$65.63	\$166.54	\$152.74	\$290.28
HDHP	50-69k	\$79.57	\$180.39	\$167.23	\$307.78	\$86.10	\$195.18	\$180.95	\$333.02
HDHP	70-99k	\$98.49	\$206.86	\$193.34	\$347.25	\$106.57	\$223.82	\$209.19	\$375.73

Newly Negotiated Plan Design would be in effect January 1, 2020 upon ratification

	CDHPs (includes HRA)		HDHPs (HSA Eligible)
Medical Benefits	Std Premium CDHP	Std Standard CDHP	Std Savings HDHP
Employee Premiums	Highest Cost Option	Mid Cost Option	Low Cost Option
Employer-Funded Account	\$1,000	\$500	\$0
Employee + 1	\$1,500	\$750	\$0
Employee + Family	\$2,000	\$1,000	\$0
Employee-Funded HS Acct Max:	n/a	n/a	\$3,550 single; \$7,100 family
EE Funded Annual Catch-up Contribution Max if 55+	n/a	n/a	\$1,000
Deductible Employee	\$1,500	\$1,500	\$1,500
Employee + 1	\$2,250	\$2,250	\$3,000
Employee + Family	\$3,000	\$3,000	\$3,000
Out-Of-Pocket Max Employee	\$3,200	\$3,600	\$3,600
Employee + 1	\$4,800	\$5,400	\$6,850
Employee + Family	\$6,400	\$6,850	\$6,850
Coinsurance	80%	80%	80%
Professional Service Physician Office Visit	85% Tier 1, 80% Other after deductible	85% Tier 1, 80% Other after deductible	85% Tier 1, 80% Other after deductible
- Office visit lab, x-ray, surg. Tray, etc.	85% FreeStanding Network Facility (80% Other) after deductible	85% FreeStanding Network Facility (80% Other) after deductible	85% FreeStanding Network Facility (80% Other) after deductible
Specialist Office Visit	85% Tier 1, 80% Other after deductible	85% Tier 1, 80% Other after deductible	85% Tier 1, 80% Other after deductible
Outpatient Services Surgery	85% FreeStanding Network Facility (80% Other) after deductible	85% FreeStanding Network Facility (80% Other) after deductible	85% FreeStanding Network Facility (80% Other) after deductible
Hospitalization Services Room & Board/Surgical Services	80% after deductible	80% after deductible	80% after deductible
Urgent Care Urgent Care Services	80% after deductible	80% after deductible	80% after deductible
Emergency Health Coverage Emergency Care Services	80% after deductible; 50% if non-emergency	80% after deductible; 50% if non-emergency	80% after deductible; 50% if non-emergency
Retail Rx Generic	80% after deductible	80% after deductible	80% after deductible
Brand Name Formulary	80% after deductible	80% after deductible	80% after deductible
Brand Name Non-Formulary	80% after deductible	80% after deductible	80% after deductible
Mail Order Rx Generic	80% after deductible	80% after deductible	80% after deductible
Brand Name Formulary	80% after deductible	80% after deductible	80% after deductible
Brand Name Non-Formulary	80% after deductible	80% after deductible	80% after deductible

Previous Plan design negotiated in 2017

**CenturyLink 2017 Medical Plan Designs (In-Network)**

**LQ Union**

PPO Plans		CDHPs (includes HRA)		HDHPs (HSA Eligible)	
Medical Benefits	LQ Union PPO	Medical Benefits	LQ Union CDHP	Medical Benefits	LQ Union HDHP
Employee Premiums	Highest Cost Option	Employee Premiums	Mid Cost Option	Employee Premiums	Lowest Cost Option
Employer-Funded Account	n/a	Employer-Funded Account	\$1,000	Employer-Funded Account	\$0
Employee	n/a	Employee	\$1,500	Employee	\$0
Employee + 1	n/a	Employee + 1	\$2,000	Employee + 1	\$0
Employee + Family	n/a	Employee + Family	n/a	Employee + Family	\$0
Employee-Funded HS Acct Max:	n/a	Employee-Funded HS Acct Max:	n/a	Employee-Funded HSA Acct Max (2017):	\$3,400 single; \$6,750 family
EE Funded Annual Catch-up Contribution Max if 55+	n/a	EE Funded Annual Catch-up Contribution Max if 55+	n/a	EE Funded Annual Catch-up Contribution Max if 55+	\$1,000
Deductible Employee	\$500	Deductible Employee	\$1,500	Deductible Employee	\$1,500
Employee + Family	\$1,000	Employee + Family	\$2,250	Employee + Family	\$3,000
Out-Of-Pocket Max (includes deductible) Employee	\$3,900	Employee + Family	\$3,000	Employee + Family	\$3,000
Employee + Family	\$7,800	Employee + 1	\$4,000	Employee + 1	\$6,000
Coinsurance	80%	Employee + Family	80%	Employee + Family	\$6,000
Professional Service Physician Office Visit	\$25 copay	Coinsurance	80%	Professional Service Physician Office Visit	80%
- Office visit lab, x-ray, surg. Tray, etc.	100%	Professional Service Physician Office Visit	85% Tier 1, 80% Other after deductible	- Office visit lab, x-ray, surg. Tray, etc.	85% Tier 1, 80% Other after deductible
Specialist Office Visit	\$40 copay	- Office visit lab, x-ray, surg. Tray, etc.	85% FreeStanding Network Facility (80% Other) after deductible	Specialist Office Visit	85% FreeStanding Network Facility (80% Other) after deductible
Outpatient Services Surgery	85% FreeStanding Network Facility (80% Other) after deductible	Specialist Office Visit	85% Tier 1, 80% Other after deductible	Outpatient Services Surgery	85% Tier 1, 80% Other after deductible
Hospitalization Services	80% after deductible	Outpatient Services Surgery	85% FreeStanding Network Facility (80% Other) after deductible	Hospitalization Services	85% FreeStanding Network Facility (80% Other) after deductible
Room & Board/Surgical Services		Hospitalization Services	80% after deductible	Room & Board/Surgical Services	80% after deductible
Urgent Care	\$35 copay	Room & Board/Surgical Services	80% after deductible	Urgent Care	80% after deductible
Emergency Health Coverage	80% after deductible, not paid if not an emergency	Urgent Care	80% after deductible	Emergency Health Coverage	80% after deductible
Emergency Care Services		Emergency Health Coverage	80% after deductible	Emergency Care Services	80% after deductible
Retail Rx2 30-day Generic	\$10 copay	Emergency Care Services	80% after deductible	Retail Rx2 30-day Generic	80% after deductible
Brand Name Formulary	70% (min \$35, max 60%)	Retail Rx Generic	80% after deductible	Brand Name Formulary	80% after deductible
Brand Name Non-Formulary	55% (min \$50, max \$100)	Brand Name Formulary	80% after deductible	Brand Name Non-Formulary	80% after deductible
Mail Order Rx2 90 days Generic	\$25 copay	Brand Name Non-Formulary	80% after deductible	Mail Order Rx2 90 days Generic	80% after deductible
Brand Name Formulary	\$80 copay	Mail Order Rx Generic	80% after deductible	Brand Name Formulary	80% after deductible
Brand Name Non-Formulary	\$140 copay	Brand Name Formulary	80% after deductible	Brand Name Non-Formulary	80% after deductible
		Brand Name Non-Formulary	80% after deductible		

Vision/Dental Newly Negotiated Premiums upon ratification

## Dental & Vision Contributions – Standard Plan

### Employee pay period contributions

Dental Bi-Weekly Full-Time		Total Premium				Employee Contribution				Employer Subsidy			
		EE	ES	EC	EF	EE	ES	EC	EF	EE	ES	EC	EF
2019	Basic Dental	\$12.44	\$28.62	\$31.10	\$47.28	\$6.22	\$13.51	\$10.88	\$18.17	\$6.22	\$15.11	\$20.22	\$29.11
	Enhanced Dental	\$15.53	\$35.71	\$38.82	\$59.00	\$9.31	\$20.60	\$18.60	\$29.89	\$6.22	\$15.11	\$20.22	\$29.11
No increase in employee contributions													
2020	Basic Dental	\$12.96	\$29.80	\$32.39	\$49.24	\$6.22	\$13.51	\$10.88	\$18.17	\$6.74	\$16.29	\$21.51	\$31.07
	Enhanced Dental	\$16.17	\$37.19	\$40.42	\$61.44	\$9.31	\$20.60	\$18.60	\$29.89	\$6.86	\$16.59	\$21.82	\$31.55
	\$ Change (Basic)	\$0.52	\$1.18	\$1.29	\$1.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.52	\$1.18	\$1.29	\$1.96
	\$ Change (Enhanced)	\$0.64	\$1.48	\$1.60	\$2.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.64	\$1.48	\$1.60	\$2.44
	% Change (Basic)	4.2%	4.1%	4.1%	4.1%	0.0%	0.0%	0.0%	0.0%	8.4%	7.8%	6.4%	6.7%
	% Change (Enhanced)	4.1%	4.1%	4.1%	4.1%	0.0%	0.0%	0.0%	0.0%	10.3%	9.8%	7.9%	8.4%

Vision Bi-Weekly Full-Time		Total Premium				Employee Contribution				Employer Subsidy			
		EE	ES	EC	EF	EE	ES	EC	EF	EE	ES	EC	EF
2019	CenturyLink Basic	\$3.36	\$7.06	\$6.05	\$9.75	\$3.00	\$6.45	\$5.69	\$9.14	\$0.36	\$0.61	\$0.36	\$0.61
No increase in employee contributions													
2020	CenturyLink Basic	\$3.44	\$7.23	\$6.20	\$9.99	\$3.00	\$6.45	\$5.69	\$9.14	\$0.44	\$0.78	\$0.51	\$0.85
	\$ Change	\$0.08	\$0.17	\$0.15	\$0.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.08	\$0.17	\$0.15	\$0.24
	% Change	2.4%	2.4%	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	22.2%	27.9%	41.7%	39.3%

Previously Negotiated Rates that will change to the above rates if the new agreement is ratified.

### 2020 Total Bi-Weekly Contribution

Full Time Employee  
2020 Contributions

	<u>Employee</u>	<u>EE+Spouse</u>	<u>EE+ Children</u>	<u>EE+Family</u>
Basic Dental	\$5.40	\$10.83	\$9.48	\$16.22
Enhanced Dental	\$8.06	\$16.06	\$14.07	\$24.13
Vision	\$2.18	\$5.42	\$4.52	\$7.36