



2019 Medical Plan Side by Side Comparison

Healthcare Plan Monthly Employee Premium Cost Comparison	BorgWarner		Teamsters'	
	CIGNA/MVP Choice Health Fund with HRA		Excellus BCBS with Health Now HRA	
Contribution/Coverage Levels - No Premium Discounts	\$100 Single \$100 Family		\$258 Employee \$440 Employee+1 \$553 Family	
Contribution/Coverage Levels - Both Premium Discounts: \$50/month HRQ* + \$50/month Tobacco*	\$0 Single \$0 Family		\$258 Employee** \$440 Employee+1** \$553 Family**	
	*action must be completed between Oct 1-Sept 30 each year (or within 60 days of new enrollment in plan)		**premium discounts apply to CIGNA plans only (not available for the Teamster HRA)	
	In-network	Out-of-network	In-network	Out-of-network
Deductible Per person/family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,600/\$5,200	
Company-paid HRA Per person/family	\$750/\$1,500 (HRA administered through Cigna)		\$1,300/\$2,600 (HRA administered through HealthNow Debit Card*)	
Coinsurance* <small>*the amount you pay for services after deductible is met, up to the Out-of-Pocket Maximum</small>	20%	40%	10%	20%
Out-of-Pocket Maximum* Per person/family <small>*Employee portion of deductible and co-insurance</small>	\$2,250/\$4,500	\$5,250/\$10,500	\$2,300/\$4,600	
Preventive Care Physicals, shots, pap test, mammogram, prostate exam	100% covered	40% after deductible	100% covered	80% after deductible (well child covered at 100%)
Office Visit	20% after deductible	40% after deductible	10% after deductible	20% after deductible
X-rays, lab tests, MRIs, CAT Scan, Hospice	20% after deductible	40% after deductible	10% after deductible	20% after deductible
Hospitalization Inpatient, X-ray, lab tests, skilled nursing	20% after deductible	40% after deductible	10% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Chiropractic	20% after deductible (Max 12 visits/year)	40% after deductible (Max 12 visits/year)	10% after deductible	20% after deductible
Mental Health/Substance Abuse <i>Inpatient:</i> <i>Outpatient:</i>	20% after deductible 20% after deductible	40% after deductible 40% after deductible	10% after deductible 10% after deductible	20% after deductible 20% after deductible

*HealthNow Debit Card must be substantiated after use

PRESCRIPTION COVERAGE	Retail	Mail Order or Retail 90-Now	Retail*	Mail Order*
	(30-day supply)	(90-day supply)	(30-day supply)	(90-day supply)
Generic	\$8	\$16	\$10	\$20
Diabetes Generic Preventive Medications	\$0	\$0	\$10	\$20
Brand Formulary	\$8 + 30%	30% up to \$150 per Rx	\$20	\$40
Brand Non-Formulary	\$8 + 50%	50% up to \$300 per Rx	\$40	\$80
Specialty RX Formulary	30% up to \$50 per Rx Initial supply only	30% up to \$150 per Rx	20%	20%
Specialty Rx Non-Formulary	50% up to \$100 per Rx Initial supply only	50% up to \$300 per Rx	20%	20%
Rx Annual Out-of-Pocket Maximum (in-network only)	\$4,900 Individual \$9,800 Family		\$3,000 Individual \$6,000 Family	

*Mail order is mandatory for all long-term, ongoing medications through Excellus BCBS