

City of Manitowoc Benefit/Cost Summary Analysis

BENEFIT	Auxiant Preferred Plus HCC Stop Loss Carrier		Anthem Blue Priority Self Funded Anthem Stop Loss Carrier			
	In Network	Non Network	In Network	Non Network		
Medical Deductible:						
Individual:	\$2,000	\$4,000	\$2,000	\$4,000		
Family:	\$4,000	\$8,000	\$4,000	\$8,000		
Medical Out of Pocket (incl ded):						
Individual:	\$3,000	\$10,000	\$4,600	\$10,000		
Family:	\$6,000	\$20,000	\$9,200	\$20,000		
Copay OOP:						
Individual:	\$1,600	N/A	N/A	N/A		
Family:	\$3,200	N/A	N/A	N/A		
Rx OOP:						
Individual:	\$2,000	N/A	\$2,000	N/A		
Family:	\$4,000	N/A	\$4,000	N/A		
Total OOP (Ded, Med & RX)						
Individual:	\$6,600	\$10,000	\$6,600	\$10,000		
Family:	\$13,200	\$20,000	\$13,200	\$20,000		
Facility Charges:	**Facility Copay Waived for Preferred Plus Providers and will be Paid at Ded/90%					
**Inpatient Room & Board:	\$1,000 Copay/Ded/90%	\$1,000 Copay/Ded/70%	Ded/90%	Ded/70%		
Outpatient Surgery Facility:	Ded/90%	Ded/50%	Ded/90%	Ded/70%		
Outpatient Surgery Facility:	*Outpatient Preferred Plus Providers and will be Paid at 100%		Ded/90%	Ded/70%		
Outpatient ER:	\$200 Copay/Ded/90%	\$200 Copay/Ded/90%	\$200 Copay/Ded/90%	\$200 Copay/Ded/90%		
Outpatient ER: Family/Event	\$400 Copay/Ded/90%	\$400 Copay/Ded/90%	N/A	N/A		
Physician Services In ER:	Ded/90%	Ded/90%	Ded/90%	Ded/90%		
Outpatient Urgent Care Room:	\$50 Copay/100%	Ded/70%	\$75 Copay/100%	Ded/70%		
Home Health Care:	100%	100%	Ded/90%	Ded/70%		
Hospice Charges:	100%	100%	100%	100%		
Skilled Nursing Facility:	100%	100%	Ded/90%	Ded/70%		
Professional Services:						
Allergy: IP/OP/Office:	Ded/90%	Ded/70%	Same as any other illness depending upon service billed (PCP \$30/SCP \$50). Injections billed without office visit will be subj to \$5 copay; waived if billed with office visit.			
Chiropractic: Manipulations	\$50 Copay/100%	Ded/70%	\$30 Copay/100%	Ded/70%		
Chiropractic: OV/Xray/Supplies	Ded/90%	Ded/70%	If billed with office visit, will fall under copay. If billed separately, will follow standard outpatient costshares (ded/coins).			
DME's:	Ded/90%	Ded/70%	Ded/90%	Ded/70%		
Diagnostic X-ray & Lab IP/OP:	Ded/90%	Ded/70%	Ded/90%	Ded/70%		
Diagnostic X-ray & Lab Office (billed with exam):	\$50 Copay/100%	Ded/70%	\$30 copay PCP/\$50 copay SCP/ 100%	Ded/70%		
Physician IP/OP Visits:	Ded/90%	Ded/70%	Ded/90%	Ded/70%		
Physician Office Visit:	\$50 Copay/100%	Ded/70%	\$30 copay PCP/\$50 copay SCP/ 100%	Ded/70%		
TMJ Treatment:	Same as illness		Same as illness; no limit due to HCR			
Physician Therapy Charges:						
Occupational Therapy OP/Office:	\$50 Copay/100%	Ded/70%	\$30 copay PCP/\$50 copay SCP/ 100%	Ded/70%		
Physical Therapy OP/Office:	\$50 Copay/100%	Ded/70%	\$30 copay PCP/\$50 copay SCP/ 100%	Ded/70%		
Routine Preventive Service:	100%	Not Covered	100%	Ded/70%		
Routine Vision Exams:	100% (EE only)	100%	HCR Screening only	Ded/70%		
Routine Hearing Exams:	Not Covered	Not Covered	HCR screening 100%	Ded/70%		
Transplant	Covered under transplant policy		100%- no deductible applies; must use Center of Excellence 50% coverage; does not apply towards OOP			
RX Copays						
	Retail: \$200 CY family ded, \$24/\$60/\$90	n/a	Retail: \$24/\$60/\$90	n/a		
	Mail Order: \$200 CY family ded, \$48/\$120/\$180	n/a	Mail Order: \$48/\$120/\$180	n/a		
Contract Counts	Current Budget Rate	HCC Renewal Expected	HCC Renewal Max	Anthem Expected Costs	Anthem Max Costs	
Single 52	\$544.00	\$643.36	\$778.76	\$58,879.08	\$70,877.56	
Family 138	\$1,420.00	\$1,516.12	\$1,843.62	\$156,256.02	\$188,098.14	
Total 190	\$224,248.00	\$242,679.28	\$294,915.08	\$215,135.10	\$258,975.70	
Annual Total	\$2,690,976.00	\$2,912,151.36	\$3,538,980.96	\$2,581,621.20	\$3,107,708.40	
Savings				Anthem 2016 Budget vs. Current Budget	Anthem Exp. vs. HCC Renewal Exp.	Anthem Max vs. HCC Renewal Max
				\$2,690,976.00	\$330,530.16	\$431,272.56
				100%	11%	12%