



**Full Population**

**City of Manitowoc**  
 Health Insurance Benefit Comparison  
 Effective Date: 01/01/2015

OOP = Out-of-Pocket

\*Health plan deductible may be reduced by HRA wellness funds

Health Carrier	Auxiant		Auxiant Proposed Alternate 1 (Higher Deductible & OOP Max)		Auxiant Proposed Alternate 2 (Higher OOP Max)	
	M614-24					
Insurance Type	PPO		PPO		PPO	
Provider Network:	THN/HPS w/First Health Wrap		THN/HPS w/First Health Wrap		THN/HPS w/First Health Wrap	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$1,500	\$3,000	\$2,000 (\$500/\$1,000 Reimbursement)	\$4,000	\$1,500	\$3,000
Out of Network	\$3,000	\$6,000	\$4,000	\$8,000	\$3,000	\$6,000
Co-Insurance						
In Network	90%		90%		90%	
Out of Network	70%		70%		70%	
Co-insurance OOP Max <i>(Does not incl ded)</i>	Single	Family	Single	Family	Single	Family
In Network	\$500	\$1,000	\$1,000	\$2,000	\$1,200	\$2,400
Out of Network	\$3,000	\$6,000	\$6,000	\$12,000	\$6,000	\$12,000
Medical Copay OOP Max	Single	Family	Single	Family	Single	Family
In Network	\$4,850	\$9,700	\$1,600	\$3,200	\$1,900	\$3,800
Out of Network	N/A	N/A	N/A	N/A	N/A	N/A
Combined OOP Max <i>(Incl RX - see below)</i>	Single	Family	Single	Family	Single	Family
In Network	\$6,350	\$12,700	\$6,600	\$13,200	\$6,600	\$13,200
Out of Network	\$6,000	\$12,000	\$10,000	\$20,000	\$9,000	\$18,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Office Visits	PCP	Specialist	PCP	Specialist	PCP	Specialist
In Network	\$50 Copay		\$50 Copay		\$50 Copay	
Out of Network	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Routine/Preventive Care						
In Network	Select Services Covered In Full		Select Services Covered In Full		Select Services Covered In Full	
Out of Network	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	



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	M614-24					
Insurance Type	PPO		PPO		PPO	
Provider Network:	THN/HPS w/First Health Wrap		THN/HPS w/First Health Wrap		THN/HPS w/First Health Wrap	
Urgent Care	THN/HPS w/First Health Wrap		THN/HPS w/First Health Wrap		Review Quick Care Clinics & HCC	
In Network	\$50 Copay		\$50 Copay		\$50 Copay	
Out of Network	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Emergency Room*						
In Network	\$200 Copay/Ded./90% Coins		\$200 Copay/Ded./90% Coins		\$200 Copay/Ded./90% Coins	
Out of Network	\$200 Copay/Ded./90% Coins		\$200 Copay/Ded./90% Coins		\$200 Copay/Ded./90% Coins	
Hospital Services						
In Network	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Out of Network	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Separate RX Copay OOP Max	Single	Family	Single	Family	Single	Family
	NA	NA	\$2,000	\$4,000	\$2,000	\$4,000
Prescription Drugs (Serve You)	\$200 Rx Deductible		\$200 Rx Deductible		\$200 Rx Deductible	
Copay	\$24/\$60/\$90		\$24/\$60/\$90		\$24/\$60/\$90	
Mail Order	\$48/\$120/\$180		\$48/\$120/\$180		\$48/\$120/\$180	
Rates	Current		Renewal		Proposed	
Employee	73	\$534.00	\$582.48		\$559.18	\$573.74
Employee/Spouse	0	\$0.00	\$0.00		\$0.00	\$0.00
Employee/Child(ren)	0	\$0.00	\$0.00		\$0.00	\$0.00
Family	143	\$1,394.00	\$1,520.56		\$1,459.74	\$1,497.75
Monthly Totals	\$238,324.00		\$259,961.12		\$249,562.68	\$256,061.70
Annual Totals	\$2,859,888.00		\$3,119,533.44		\$2,994,752.10	\$3,072,740.44
Annual Δ% from Current			9.08%		4.72%	7.44%
Annual Δ\$ from Current			\$259,645.44		\$134,864.10	\$212,852.44

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.