



City of Manitowoc

Plan Year 2020 Plan Design

Carrier		
	Current	Plan Year 2020
	80%/60% PPO Plan	HDHP/HSA with Prev. Rx List & HSA Contribution
Provider Network	Anthem - Blue Priority Network	Robin Focused Network
Deductible <i>Embedded or Non-Embedded</i>	<i>Embedded</i>	<i>Non-Embedded</i>
In-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000
City HSA Contribution	NA	\$250 Single / \$500 Family
Coinsurance		
In-Network	80%	80%
Out-of-Network	60%	60%
Annual Out-of-Pocket Plan Maximum	<i>Includes Medical Plan Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>
In-Network (Single / Family)	\$4,250 / \$8,500	\$4,250 / \$8,500* <i>*No one individual in a family will contribute more than \$8,150 to the in-network family out-of-pocket amount.</i>
Out-of-Network (Single / Family)	\$8,500 / \$17,000	\$8,500 / \$17,000
Lifetime Maximum	Unlimited	Unlimited
Office Visits		
In-Network	\$80 copay (specialist \$130), 100% Deductible, 60% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network		Deductible, 60% Coinsurance
Routine/Preventive Care		
In-Network	100% Coverage	100% Coverage
Out-of-Network	60% after deductible	Deductible, 60% Coinsurance
In & Outpatient Hospital Services		
In-Network	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Urgent Care		
In-Network	\$180 copay, 100%	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Emergency Room		
In-Network	\$300 copay, 80%	Deductible, 80% Coinsurance
Out-of-Network		
Prescription Drugs - In-Network		
Out of Network		Deductible, 80% Coinsurance In Network Deductible 60% Coinsurance Out of Network
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$40/\$60/20% to \$125 (\$75 min.)	<i>Certain preventive drugs may be available to you at \$0 cost. Refer to the HealthPartners Preventive Drug List for more information</i> https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_0_29693.pdf
Annual Prescription Drug Out-of-Pocket Maximum	\$2500/\$5000	NA

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Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Benefits & Risk Consulting or vendors of plan provisions or level of payments.