






City of Manitowoc

HEALTH COVERAGE - Current Plans vs. HDHP/Option

Carrier					
	Current	Renewal	Option 1	Option 2	Option 3
	80%/60% PPO Plan	80%/60% PPO Plan	HDHP/HSA	HDHP/HSA w/\$300 HSA Contribution	HDHP/HSA w/\$300 HSA Contribution & ACC Cov
Provider Network	Anthem - Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network
Deductible					
<i>Embedded or Non-Embedded</i>	<i>Non-Embedded</i>	<i>Non-Embedded</i>	<i>Embedded Deductible</i>	<i>Embedded Deductible</i>	<i>Embedded Deductible</i>
In-Network (Single / Family)	\$1,750 / \$3,500	\$1,750 / \$3,500	\$1,750 / \$3,500	\$1,750 / \$3,500	\$1,750 / \$3,500
Out-of-Network (Single / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Coinsurance					
In-Network	80%	80%	80%	80%	80%
Out-of-Network	60%	60%	60%	60%	60%
Annual Out-of-Pocket Plan Maximum	<i>Includes Medical Plan Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>
In-Network (Single / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Out-of-Network (Single / Family)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits					
In-Network	\$40 Copay (Specialist \$65), 100%	\$40 Copay (Specialist \$65), 100%	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Routine/Preventive Care					
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	60% after deductible	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
In & Outpatient Hospital Services					
In-Network	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Urgent Care					
In-Network	\$90 Copay, 100%	\$90 Copay, 100%	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60%	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Emergency Room					
In-Network	\$200 Copay, 80%	\$200 Copay, 80%	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network					
Prescription Drugs - In-Network					
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$40/\$60/20% to \$125 (\$75 Min.)	\$10/\$40/\$60/20% to \$125 (\$75 Min.)	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Annual Prescription Drug Out-of-Pocket Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000	NA	NA	NA
Rates EE Count	Current	Renewal	Option 1	Option 2	Option 3
Employee 45	\$606.53	\$641.10	\$609.52	\$632.52	\$645.25
Family 151	\$1,538.94	\$1,632.57	\$1,549.34	\$1,574.32	\$1,585.07
Monthly Totals	\$259,673.79	\$275,367.57	\$261,378.74	\$266,185.72	\$268,381.82
Annual City Contribution (\$300) to EE HSA Accounts	NA	NA	NA	\$58,800.00	\$58,000.00
MetLife Accident Coverage for Employees	NA	NA	NA	NA	\$25,237.00
Annual Totals	\$3,116,085.48	\$3,304,410.84	\$3,136,544.88	\$3,194,228.64	\$3,220,581.84
<i>Increase compared to current</i>		6.04%	0.66%	2.51%	3%
Total Costs Compared to Current		<i>\$188,325.36</i>	<i>\$20,459.40</i>	<i>\$78,143.16</i>	<i>\$104,496.36</i>




NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

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.

City of Manitowoc

HEALTH COVERAGE - Current Plans vs. Change in Design Options

Carrier			
	Current	Renewal	Option 4
	80%/60% PPO Plan	80%/60% PPO Plan	80%/60% PPO Plan with Increases to Current plan Copays and Deductibles to \$2,500/\$5,000
Provider Network	Anthem - Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network
Deductible <i>Embedded or Non-Embedded</i>	<i>Non-Embedded</i>	<i>Non-Embedded</i>	<i>Non-Embedded</i>
In-Network (Single / Family)	\$1,750 / \$3,500	\$1,750 / \$3,500	\$2000 / \$4000
Out-of-Network (Single / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000	\$4000 / \$8000
Coinsurance			
In-Network	80%	80%	80%
Out-of-Network	60%	60%	60%
Annual Out-of-Pocket Plan Maximum	<i>Includes Medical Plan Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>	<i>Includes Medical & Rx Deductible & Coinsurance</i>
In-Network (Single / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,250 / \$8,500
Out-of-Network (Single / Family)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,500 / \$17,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Office Visits			
In-Network	\$40 Copay (Specialist \$65), 100%	\$40 Copay (Specialist \$65), 100%	\$80 Copay (Specialist \$130), 100%
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Routine/Preventive Care			
In-Network	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	60% after Deductible	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
In & Outpatient Hospital Services			
In-Network	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
Urgent Care			
In-Network	\$90 Copay, 100%	\$90 Copay, 100%	\$180 Copay, 100%
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60%	Deductible, 60%
Emergency Room			
In-Network	\$200 Copay, 80%	\$200 Copay, 80%	\$300 Copay, 80%
Out-of-Network			
Prescription Drugs - In-Network			
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$40/\$60/20% to \$125 (\$75 Min.)	\$10/\$40/\$60/20% to \$125 (\$75 Min.)	\$10/\$40/\$60/20% to \$125 (\$75 Min.)
Annual Prescription Drug Out-of-Pocket Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Rates <u>EE Count</u>	Current	Renewal	Option 4
Employee 45	\$606.53	\$641.10	\$617.74
Family 151	\$1,538.94	\$1,632.57	\$1,569.88
Monthly Totals	\$259,673.79	\$275,367.57	\$264,850.18
Annual City Contribution (\$300) to EE HSA Accounts	NA	NA	NA
MetLife Accident Coverage for Employees	NA	NA	NA
Annual Totals	\$3,116,085.48	\$3,304,410.84	\$3,178,202.16
<i>Increase compared to current</i>		6.04%	1.99%
Total Costs Compared to Current		<i>\$188,325.36</i>	<i>\$62,116.68</i>

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