






# 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
<b>Provider Network</b>	Anthem - Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network	Anthem Blue Priority Network
<b>Deductible</b>					
<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
<b>Coinsurance</b>					
In-Network	80%	80%	80%	80%	80%
Out-of-Network	60%	60%	60%	60%	60%
<b>Annual Out-of-Pocket Plan Maximum</b>	<i>Includes Medical Plan Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; 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
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visits</b>					
In-Network	\$40 Copay (Specialist \$65), 100% Deductible, 60% Coinsurance	\$40 Copay (Specialist \$65), 100% Deductible, 60% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network			Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
<b>Routine/Preventive Care</b>					
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
<b>In &amp; Outpatient Hospital Services</b>					
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
<b>Urgent Care</b>					
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
<b>Emergency Room</b>					
In-Network	\$200 Copay, 80%	\$200 Copay, 80%	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network					
<b>Prescription Drugs - In-Network</b>					
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
<b>Rates</b> <span>EE Count</span>	<b>Current</b>	<b>Renewal</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
Employee <span>45</span>	\$606.53	\$641.10	\$609.52	\$632.52	\$645.25
Family <span>151</span>	\$1,538.94	\$1,632.57	\$1,549.34	\$1,574.32	\$1,585.07
<b>Monthly Totals</b>	<b>\$259,673.79</b>	<b>\$275,367.57</b>	<b>\$261,378.74</b>	<b>\$266,185.72</b>	<b>\$268,381.82</b>
<b>Annual City Contribution (\$300) to EE HSA Accounts</b>	NA	NA	NA	<b>\$58,800.00</b>	<b>\$58,000.00</b>
<b>MetLife Accident Coverage for Employees</b>	NA	NA	NA	NA	<b>\$25,237.00</b>
<b>Annual Totals</b>	\$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>		<b>6.04%</b>	<b>0.66%</b>	<b>2.51%</b>	<b>3%</b>
<b>Total Costs Compared to Current</b>		<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
<b>Provider Network</b>	<b>Anthem - Blue Priority Network</b>	<b>Anthem Blue Priority Network</b>	<b>Anthem Blue Priority Network</b>
<b>Deductible</b> <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
<b>Coinsurance</b>			
In-Network	80%	80%	80%
Out-of-Network	60%	60%	60%
<b>Annual Out-of-Pocket Plan Maximum</b>	<i>Includes Medical Plan Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; Coinsurance</i>	<i>Includes Medical &amp; Rx Deductible &amp; 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
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Office Visits</b>			
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
<b>Routine/Preventive Care</b>			
In-Network	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	60% after Deductible	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
<b>In &amp; Outpatient Hospital Services</b>			
In-Network	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance	Deductible, 80% Coinsurance
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance	Deductible, 60% Coinsurance
<b>Urgent Care</b>			
In-Network	\$90 Copay, 100%	\$90 Copay, 100%	\$180 Copay, 100%
Out-of-Network	Deductible, 60% Coinsurance	Deductible, 60%	Deductible, 60%
<b>Emergency Room</b>			
In-Network	\$200 Copay, 80%	\$200 Copay, 80%	\$300 Copay, 80%
Out-of-Network			
<b>Prescription Drugs - In-Network</b>			
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
<b>Rates</b> <u>EE Count</u>	<b>Current</b>	<b>Renewal</b>	<b>Option 4</b>
Employee 45	\$606.53	\$641.10	\$617.74
Family 151	\$1,538.94	\$1,632.57	\$1,569.88
<b>Monthly Totals</b>	<b>\$259,673.79</b>	<b>\$275,367.57</b>	<b>\$264,850.18</b>
<b>Annual City Contribution (\$300) to EE HSA Accounts</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>MetLife Accident Coverage for Employees</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Annual Totals</b>	\$3,116,085.48	\$3,304,410.84	\$3,178,202.16
<i>Increase compared to current</i>		<b>6.04%</b>	<b>1.99%</b>
<b>Total Costs Compared to Current</b>		<i>\$188,325.36</i>	<i>\$62,116.68</i>

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