## HEALTH COVERAGE - Current Plans vs. HDHP/Option

	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield
Carrier	Current	Renewal	Option 1	Option 2	Option 3
Cultivi	Current	Kellewai	Option 1	Option 2	
	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		Thin Did Tiony Teemon	THINNELL DIGG THOUGH	Timoloni Biac 1 110110j 1 (com 611	Timenom Dido I Hority Horitonia
Embedded or Non-Embedded	Non-Embedded	Non-Embedded	Embedded Deductible	Embedded Deductible	Embedded Deductible
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	φο,ουυ, φι,ουυ	φο,ουυν φν,ουυ	40,000 41,000	ψ5,500 / ψ1,000	Ψ2,2007 Ψ1,000
In-Network	80%	80%	80%	80%	80%
Out-of-Network	60%	60%	60%	60%	60%
Annual Out-of-Pocket Plan Maximum	Includes Medical Plan Deductible &	Includes Medical & Rx Deductible &	Includes Medical & Rx Deductible &	Includes Medical & Rx Deductible &	Includes Medical & Rx Deductible &
	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
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	Chamaco	Chimined		Chimined	Ciminico
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		Beduction, 60% Comparance		Deduction, 60% Comparation	Doddenois, 60% Comparance
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 <u>EE Count</u>	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
Increase compared to current		6.04%	0.66%	2.51%	3%
Total Costs Compared to Current  NOTE: Company logos are for information purposes only. Agents are independent of the company logos are for information purposes only.		\$188,325.36	\$20,459.40	\$78,143.16	\$104,496.36

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

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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.

## **City of Manitowoc**

## HEALTH COVERAGE - Current Plans vs. Change in Design Options

	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield	Anthem. BlueCross BlueShield Option 4	
Carrier	Current	Renewal		
	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				
Embedded or Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	
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	Includes Medical Plan Deductible & Coinsurance	Includes Medical & Rx Deductible & Coinsurance	Includes Medical & Rx Deductible & Coinsurance	
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		20000000, 0070	Deduction, 6070	
In-Network	\$200 Copay, 80%	\$200 Copay, 80%	\$300 Copay, 80%	
Out-of-Network	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	tota Espay, action	
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 EE Count	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	
Increase compared to current	ψ5,110,000.10	6.04%	1.99%	
Total Costs Compared to Current		\$188,325.36	\$62,116.68	

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