## **City of Napoleon**

Employee Benefits - Medical Alternate Options effective January 1, 2014
Presented October 24

	•				
			Current Conventional Plan	Conventional Plan	H.S.A Plan
			H.R.A	H.R.A	H.S.A
			with Full Deductible Reimbursement	with Partial Deductible Reimbursement	with Employer H.S.A. Funding
Medical / Rx					
	Single	16	\$359.04	\$441.68	\$395.00
	EE/Spouse	19	\$907.93	\$1,134.07	
	EE/Child(ren)		\$794.44	\$992.20	\$998.73
	Family		\$1,134.91	•	\$873.88
	i anny			\$1,417.79	\$1,248.40
Monthly Costs		100	\$88,593.18 	\$110,556.40	\$97,453.39
Annual Costs			\$1,063,118	\$1,326,677	\$1,169,441
				24.79%	10.00%
In Network Benefits					10.0070
Plan Deductible		\$750 / \$1,500	\$750 / \$1,500	\$2,700 / \$5,400	
Employer Health Account Contribution (HRA or HSA)		(\$750 / \$1,500)	(\$375 / \$750)	(\$1,200 / \$2,000)	
Employee Deductible Exposure		\$0 / \$0	(\$375 / \$750)	\$1,500 / \$3,400	
Coinsurance		100 / 0	100 / 0	100 / 0	
Annual Out of Pocket Maximum		\$0 / \$0	(\$375 / \$750)	\$1,500 / \$3,400	
Office Visit Copay - PCP / Specialist			\$10	\$10	Subject to Deductible
Emergency Room Copay		\$100	\$100	Subject to Deductible	
Urgent Care Copay		Subject to Deductible	Subject to Deductible	Subject to Deductible	
Non-Network Benefits					
Annual Deductible		\$50 / \$100	\$50 / \$100	\$4,000 / \$8,000	
Coinsurance		70 / 30	70 / 30	50 / 50	
Annual Out of Pocket Maximum 1			\$950 / \$1,900	\$950 / \$1,900	\$16,000 / \$32,000
Office Visit Copay - PCP / Specialist			Subject to Ded/Colns	Subject to Ded/Coins	Subject to Ded/Coins
Emergency Room Copay		Subject to Ded/Coins	Subject to Ded/Colns	Subject to Ded/Coins	
	Urgent Care Copay		Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Colns
Prescription Drugs	Retail		\$5 / \$20 / \$40	\$5 / \$20 / \$40	Subject to Deductible
	Mail Order		\$10 / \$40 / \$80	\$10 / \$40 / \$80	Subject to Deductible
2012 Annual HRA Reimbursements / 2014 H.S.A Funding		\$81,423	\$40,712	\$187,200	
				0.00	V. V. 1200

2014 Renewal Rates

oses only. The information summarizes the proposals of the carriers and the coverage, terms, conditions, and exclusions of their underlying mers' policies will control. The above information may also be subject to final underwriting review by the carriers which may result tions prior to final binding of the insurance. Please do not cancel your coverage until an application has been approved in writing.

<sup>&</sup>lt;sup>1</sup> Includes deductible.