

City of Smyrna

Medical/Rx Renewal Plan Option 1 & 2

Recommended

PLAN:	Renewal Option 1 - Copay Changes				Renewal Option 2 - Deductible Changes				
	No changes		No changes		No changes		No changes		
Benefit Level	HMO	PPO	HDHP	HMO	PPO	HDHP	HMO	PPO	HDHP
	Network	Network	Non-Network	Network	Network	Non-Network	Network	Network	Non-Network
Deductible - Single	\$500	\$750	\$5,000	\$500 \$750	\$750 \$1000	\$5,000	\$500 \$750	\$750 \$1000	\$5,000
Deductible - Family	\$1,500	\$2,250	\$10,000	\$1500 \$2250	\$3000	\$10,000	\$1500 \$2250	\$3000	\$10,000
Plan Coinsurance	80%	60%	70%	80%	60%	70%	80%	60%	70%
Med Out of Pocket Max - Single	\$2,500	\$4,250	\$10,000	\$2500 \$2750	\$5,000	\$10,000	\$2500 \$2750	\$5,000	\$10,000
Med Out of Pocket Max - Family	\$7,500	\$8,500	\$20,000	\$7500 \$8250	\$10,000	\$20,000	\$7500 \$8250	\$10,000	\$20,000
OV Copay - Primary Care	\$25	N/A	100% after Ded	\$25	N/A	100% after Ded	\$25	N/A	100% after Ded
OV Copay - Specialist	\$25 \$35	N/A	70% after Ded	\$25	N/A	70% after Ded	\$25	N/A	70% after Ded
OV Telehealth	\$25 \$10	N/A	N/A	\$25	N/A	N/A	\$25	N/A	N/A
ER Visit Copay	\$250	\$250	N/A	\$250	\$250	N/A	\$250	\$250	N/A
Rx Copay - Generic	\$10	\$10	100% after Ded	\$10	\$10	100% after Ded	\$10	\$10	100% after Ded
Rx Copay - Preferred Brand	\$30 \$40	\$30 \$40	100% after Ded	\$30	\$30	100% after Ded	\$30	\$30	100% after Ded
Rx Copay - Non Preferred Brand	\$60	\$60	100% after Ded	\$60	\$60	100% after Ded	\$60	\$60	100% after Ded
City of Smyrna HSA Contribution	N/A	N/A	70% after Ded	N/A	N/A	70% after Ded	N/A	N/A	70% after Ded
			\$750/\$1125/\$1500			\$750/\$1125/\$1500			\$750/\$1125/\$1500
Proposed Rates									
Employee	\$809.02	\$1,122.29	\$704.17	\$804.62	\$1,116.20	\$700.34	\$804.62	\$1,116.20	\$700.34
Employee + 1	\$1,456.17	\$2,020.23	\$1,268.46	\$1,448.25	\$2,009.25	\$1,261.56	\$1,448.25	\$2,009.25	\$1,261.56
Employee + Family	\$2,265.17	\$3,186.91	\$1,973.14	\$2,252.86	\$3,169.59	\$1,962.42	\$2,252.86	\$3,169.59	\$1,962.42
Annual Cost	\$6,145,147	\$234,871	\$250,244	\$6,111,753	\$233,595	\$248,884	\$6,111,753	\$233,595	\$248,884
Total Annual Plan Cost		\$6,630,262			\$6,594,231			\$6,594,231	
Annual HSA Contribution Expense		\$18,000			\$18,000			\$18,000	
Annual Change		\$309,834			\$273,803			\$273,803	
% Change		4.9%			4.3%			4.3%	