

Insurance Renewal

earlhamcityhall@mchsi.com

From: Joan Nagel <JNagel@holmesmurphy.com>
Sent: Wednesday, December 1, 2021 12:36 PM
To: Mary Sue Hibbs
Subject: Your 2/1 renewal
Attachments: Medical Renewal 2.1.22.xlsx; Dental Renewal 12.1.21.xls

Hello again Mary Sue!

I was able to get your medical renewal spreadsheeted and I've attached it to this message.

The first tab shows your current and renewal plan. If you renew to the plan UHC is mapping you to it will be a 7.8% increase to the premium. Which is not great—but as you can see from the plan design the plan is actually a little better than the plan you have today.

The deductible drops \$500 single and \$1,000 family. The out of pocket maximum also drops \$500 and \$1,000.

The PCP copayment is \$5 higher—but the Specialist copayment is no longer split between premium and non premium.

The Emergency Room benefit does go up to \$500 copayment though.

The prescription medications are kind of a mixed bag—some get better and some get worse.

But that is part of the reason the premium is higher.

I did show you another option with UHC that you could change to that has lower premium. But as you can see some of the plan provisions are worse.

I did also look at the closest Wellmark plan on the next tab. That plan does lower the premium even from current—but again, some of the plan provisions are worse than what you have today.

Oh, Dental also renewed on 12/1—sorry! I thought this was 1/1 for some reason! But it was a no change to plan or rates.

Look this over and let me know if you want to get on a call and talk it over.

Thank you Mary Sue!!



Joan Nagel
Client Service Consultant, EB
2727 Grand Prairie Parkway
Waukee, IA 50263
515-974-5933 | 800-247-7756
Fax: 515-221-8884
JNagel@holmesmurphy.com
www.holmesmurphy.com

Visit our COVID-19 Resource Center.

==== Privacy Statement =====

This electronic document including any attachments may contain confidential, privileged, and/or copyrighted information and is intended for use solely by the intended recipient(s). You are hereby notified that any unauthorized disclosure, copying, distribution, or use of this message is prohibited. If you received this message in error, please notify the sender by reply e-mail and permanently delete this message from your computer.

==== Legal Statement =====

Nothing contained herein shall be construed as or constitute legal or tax advice. You have the right to, and should seek the advice of tax or legal counsel at your own expense. Third Party information contained in these materials have been compiled and obtained from sources believed to be reliable and credible but no representation or warranty, express or implied, is made by Holmes Murphy, or any of its subsidiaries or affiliates, as to their accuracy or completeness.

=====

Please be advised: Coverage cannot be bound without the acknowledgment of a licensed staff member.
Corporate Address: 2727 Grand Prairie Parkway, Waukee, IA 50263



City of Eartham

Medical Benefit/Cost Analysis - United Healthcare of the River Valley Current and Renewal and UHC Option
Renewal Effective Date February 1, 2022

	Current United Healthcare River Valley Plan CD9/Rx #51		Renewal United Healthcare River Valley Plan CD9/Rx #51		Option 1 United Healthcare Plan CD9N/Rx #35Y	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
BENEFIT OVERVIEW	A					
Deductible						
Single	\$3,500	\$7,000	\$3,000	\$6,000	\$5,000	\$9,000
Family	\$7,000	\$14,000	\$6,000	\$12,000	\$10,000	\$16,000
Coinurance	80%/20%	50%/50%	80%/20%	50%/50%	80%/20%	50%/50%
Out-of-Pocket Maximum						
Single	\$7,500	\$11,000	\$7,000	\$11,000	\$8,000	\$12,000
Family	\$15,000	\$22,000	\$14,000	\$22,000	\$16,000	\$24,000
Lifetime Maximum	Unlimited					
BENEFIT HIGHLIGHTS	A					
Physician Visit (PCP)	\$25 Copayment	Deductible, 50% Coinsurance	\$30 Copayment	Deductible, 50% Coinsurance	\$30 Copayment	Deductible, 50% Coinsurance
Specialist Visit	\$40 Copayment Premium \$70 Copayment Non-Premium	Deductible, 50% Coinsurance	\$60 Copayment	Deductible, 50% Coinsurance	\$50 Copayment Premium Specialist \$100 Copayment Non-Premium Specialist	Deductible, 50% Coinsurance
Certain Preventative Services	Covered 100%	Deductible, 50% Coinsurance	Covered 100%	Deductible, 50% Coinsurance	Covered 100%	Deductible, 50% Coinsurance
Hospital Services Inpatient	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance
Outpatient	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance
Physician Charges	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance
Urgent Care	\$50 Copayment	Deductible, 50% Coinsurance	\$50 Copayment	Deductible, 50% Coinsurance	\$50 Copayment	Deductible, 50% Coinsurance
Emergency Room	\$300 Copayment	\$300 Copayment	\$300 Copayment	\$300 Copayment	\$300 Copayment	\$300 Copayment
PRESCRIPTION DRUGS	A					
	\$15 Tier 1/\$40 Tier 2/\$85 Tier 3/\$250 Tier 4	\$15 Tier 1/\$40 Tier 2/\$85 Tier 3/\$250 Tier 4	\$10 Tier 1/\$40 Tier 2/\$125 Tier 3/\$300 Tier 4/\$500 Tier 5	\$10 Tier 1/\$40 Tier 2/\$125 Tier 3/\$300 Tier 4/\$500 Tier 5	\$10 Tier 1/\$40 Tier 2/\$125 Tier 3/\$300 Tier 4/\$500 Tier 5	\$10 Tier 1/\$40 Tier 2/\$125 Tier 3/\$300 Tier 4/\$500 Tier 5
Mental Health (Substance Abuse, Inpatient (30 Day Limit per Calendar Year))	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance	Deductible, 50% Coinsurance
Outpatient (52 Visit per Calendar Year)	Deductible, 20% Coinsurance; Office Visit: \$25	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance; Office Visit: \$30	Deductible, 50% Coinsurance	Deductible, 20% Coinsurance; Office Visit: \$30	Deductible, 50% Coinsurance
PEDIATRIC DENTIST	A					
	Not Covered		Not Covered		Not Covered	
PEDIATRIC VISIT	A					
	Covered		Covered		Covered	
RATES	Member Rate	Family Rates	Member Rate	Family Rates	Member Rate	Family Rates



City of Earlham

Dental Benefit/Cost Analysis

December 1, 2021

		Delta Dental	
		Plan 2017	
BENEFITS		In-Network	Out-of-Network
DEDUCTIBLE	Individual Family	\$25 \$75	\$50 \$150
INDIVIDUAL ANNUAL MAXIMUM		\$2,000	\$2,000
DIAGNOSTIC & PREVENTIVE	(no deductible)		
Exams, cleanings, fluoride, space maintainers		100%	80%
X-rays		100%	80%
REGULAR RESTORATIVE SERVICES	(deductible applies)		
Emergency treatment to relieve pain		80%	60%
Fillings, stainless crowns		80%	60%
Simple extractions, surgical services		80%	60%
MAJOR SERVICES	(deductible applies)		
Endodontics - root canal therapy		50%	40%
Periodontics - treatment of gum disease		50%	40%
Crowns, inlays, onlays		50%	40%
Bridges and dentures		50%	40%
Repairs and adjustments		80%	60%
ORTHODONTICS	(deductible applies)		
Appliances, treatment & related services		N/A	N/A
Lifetime Maximum		N/A	N/A
RATES		Current	Renewal
Employee	5	\$40.80	\$40.80
Employee/Spouse	2	\$83.06	\$83.06
Employee/Child(ren)	0	\$74.12	\$74.12
Family	1	\$117.02	\$117.02
Total Monthly Premium		\$487.14	\$487.14
Annual Premium		\$5,845.68	\$5,845.68
Percentage Change from Current		N/A	0.00%

Note: This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates.