



# City of Earlham

## Medical & Rx Insurance Renewal / Comparison

Effective February 1, 2024

BENEFITS  Plan	UNITED HEALTHCARE Current / Renewal CWM6 w/ K35Y (2023) DI-SI w/K35S (2024) Gold	
	<b>NETWORK</b>	POS - Choice Plus Premier
<b>DEDUCTIBLE</b>	<b>In Network</b>	
- Individual	\$3,000	
- Family	\$6,000	
- Deductible Status (Emb/Non-Emb)	Embedded	
<b>COINSURANCE</b>	80% / 20%	
- Individual Out of Pocket Max	\$7,000	
- Family Out of Pocket Max	\$14,000	
- Items Included in OOP Max	Deductible, Copay, Coinsurance, Rx	
<b>LIFETIME MAXIMUM</b>	UNLIMITED	
<b>PHYSICIAN OFFICE VISIT</b>	\$25 Copay/\$40 Prem Designated & \$70 Non Prem Designated Copay (2021) / \$30 PCP / \$60 Specialist Copay	
- Illness or Injury - PCP / Specialist	100% (no charge)	
- Preventive Care (OV, Imaging, Labs, etc.)	100% (no charge)	
<b>HOSPITAL &amp; EMERGENCY SERVICES</b>		
- Inpatient	20% After Ded.	
- Outpatient	20% After Ded.	
- Emergency Room - Facility	\$500 Copay	
- Urgent Care	\$50 Copay	
<b>OTHER SERVICES</b>		
- Diagnostic X-rays & Lab	20% After Ded.	
- Major Diagnostic (CT, MRI, etc.)	20% After Ded.	
- Chiropractic Services**	\$30 Copay	
- Outpatient Mental Health Therapy (Office Visit)**	\$0 Copay / Facility: 20% After Ded.	
<b>PRESCRIPTION DRUGS</b>		
- Rx Deductible (Individual/Family)	n/a	
- Generic	\$10	
- Preferred Brand	\$40 Copay	
- Non-Preferred Brand&Select Non-Preferred Brand	\$125	
- Mail Order	2.5x Retail Copay	
- Specialty Rx (Preferred / Non Preferred)	\$300 or \$500	
<b>DEPENDENT AGE LIMIT</b>	26	
<b>OUT OF NETWORK</b>	<b>Out of Network</b>	
- Deductible (Individual/Family)	\$7,000 / \$14,000	
- Coinsurance	50%	
- Out-of-Pocket Max (Individual/Family)	\$11,000 / \$22,000	
**Visit limits may apply		
<b>MEDICAL PREMIUMS</b>	<b>Current</b>	<b>Renewal</b>
Monthly	\$8,960	\$9,387
Annual	\$107,515	\$112,643
<b>RATE CHANGE</b>	<b>Current</b>	<b>4.77%</b>

### NOTES

The above analysis is for illustrative purposes only. Please refer to contract and/or proposal for details. Final rates are determined by many variables - see Disclosures Page for further details.

Confidential & Proprietary

Company Name

City of Earlham 2024

Renewal Date

2/1/2024

County

Madison

Quarter

Q1 2024

All employees on each plan

	<i>Renewal</i>	<i>Alternate #1</i>
	2023 CWM6-K35Y Choice Plus ( E )	2024 EnhancedBlue 3000 PPO
<b>Benefits</b>	<b>UHC</b>	<b>Wellmark</b>
In-Plan Deductible (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000
In-Plan Coinsurance	20%	30%
In-Plan Out-of-Pocket Max (Individual/Family)	\$7,000/\$14,000	\$6,000/\$12,000
<b>Medical Benefits</b>		
Preventive Care/Screenings/ Immunizations	FREE	FREE
Primary Care Visits/Virtual Visits	\$30 Copay \$0 Copay	\$30 Copay \$0 DoD Copay
Specialist Visits	\$60 Copay	\$60 Copay
Urgent Care	\$50 Copay	\$30 Copay
Emergency Room Services(waived if admitted)	Deductible, then \$500 Copay	\$400 Copay
Inpatient Admission	Deductible, then 20%	Deductible, then 30%
Outpatient Services	Deductible, then 20%	Deductible, then 30%
High Cost Imaging	Deductible, then 20%	Deductible, then 30%
Durable Medical Equipment	Deductible, then 20%	Deductible, then 30%
<b>Prescription Drug Benefits</b>		
Prescriptions-Tier 1	\$10 Copay	\$15 Copay
Prescriptions-Tier 2	\$40 Copay	\$40 Copay
Prescriptions-Tier 3	\$125 Copay	\$100 Copay
Prescriptions-Tier 4	\$300 Copay	\$160 Copay Biosimilar & Generic Specialty
Prescriptions-Tier 5	\$500 Copay	\$200 Copay Preferred/\$400 Copay Non-Preferred Specialty
<b>Out-of-Network Benefits</b>		
Out-of-Network Deductible (Individual/Family)	\$6,000/\$12,000	\$6,000/\$12,000
Out-of-Network Coinsurance	50%	50%
Out-of-Network Out-of-Pocket Max (Individual/Family)	\$11,000/\$22,000	\$12,000/\$24,000
<b>Monthly Premium</b>	<b>\$9,386.88</b>	<b>\$9,332.84</b>
<b>Premium difference</b>		<b>-0.58%</b>