

City of Hastings, MN
 Medical | Fully-Insured Renewal | Effective 01/01/2025

Carrier Name		CURRENT						RENEWAL													
		Medica						Medica													
Plan Name		Elect ASO \$3200-0% HSA	Choice Passport ASO \$3200-0% HSA	Elect ASO \$1500-0% HRA	Choice Passport ASO \$1500-0% HRA	Elect ASO \$200-30-20%	Choice Passport ASO \$200-30-20%	Elect ASO \$3300-0% HSA	Choice Passport ASO \$3300-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%										
PLAN DESIGN																					
In-Network Benefits																					
Deductible Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded										
Calendar Year (CY) Deductible (Individual / Family)		\$3,200 / \$6,400	\$3,200 / \$6,400	\$1,500 / \$3,000	\$1,500 / \$3,000	\$200 / \$600	\$200 / \$600	\$3,300 / \$6,600	\$3,300 / \$6,600	\$1,500 / \$3,000	\$200 / \$600										
CY Total Out-of-Pocket Max (Individual / Family)		\$3,200 / \$6,400	\$3,200 / \$6,400	\$2,250 / \$4,000	\$2,250 / \$4,000	\$1,200 / \$2,400	\$1,200 / \$2,400	\$3,300 / \$6,600	\$3,300 / \$6,600	\$2,250 / \$4,000	\$1,200 / \$2,400										
Coinurance (member pays after deductible)		0%	0%	0%	0%	20%	20%	0%	0%	0%	20%										
Preventive Care																					
Primary Care Visit		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%										
Urgent Care		0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible										
Emergency Room		0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible										
Inpatient Hospital		0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible										
Outpatient Surgery		0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible										
Diagnostic Test (X-ray, blood work) Imaging (CT/PET scan, MRI)		0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible										
Prescription Drug Benefit																					
Retail		31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days										
Tier I / Tier II / Tier III		0% after deductible	0% after deductible	\$20 / \$20 / \$20	\$20 / \$20 / \$20	\$11 / \$11 / \$35	\$11 / \$11 / \$35	0% after deductible	0% after deductible	\$20 / \$20 / \$20	\$11 / \$11 / \$35										
Specialty		0% after deductible	0% after deductible	20% to max \$200 / 40%	20% to max \$200 / 40%	20% to max \$200 / 40%	20% to max \$200 / 40%	0% after deductible	0% after deductible	20% to max \$200 / 40%	20% to max \$200 / 40%										
Mail Order		93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days										
Tier I / Tier II / Tier III		0% after deductible	0% after deductible	\$40 / \$40 / \$40	\$40 / \$40 / \$40	\$22 / \$22 / \$70	\$22 / \$22 / \$70	0% after deductible	0% after deductible	\$40 / \$40 / \$40	\$22 / \$22 / \$70										
Out-of-Network Benefits																					
Deductible Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded										
CY Deductible (Individual / Family)		\$6,400 / \$12,800	\$3,200 / \$6,400	\$3,000 / \$6,000	\$1,500 / \$3,000	\$400 / \$1,200	\$400 / \$1,200	\$6,600 / \$13,200	\$3,300 / \$6,600	\$1,500 / \$3,000	\$400 / \$1,200										
Out-of-Pocket Max Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded										
CY Out-of-Pocket Max (Individual / Family)		\$12,800 / \$25,600	\$3,700 / \$7,400	\$6,000 / \$12,000	\$2,250 / \$4,000	\$2,500 / \$7,500	\$2,500 / \$7,500	\$13,200 / \$26,400	\$3,700 / \$7,400	\$2,250 / \$4,000	\$2,500 / \$7,500										
Coinurance (member pays after deductible)		20%	20%	0%	0%	40%	40%	20%	20%	0%	40%										
COST ANALYSIS																					
PEPM Rates - Enrollment per AMP		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Elect ASO \$3200-0% HSA	Choice Passport ASO \$3200-0% HSA	Elect ASO \$1500-0% HRA	Choice Passport ASO \$1500-0% HRA	Elect ASO \$200-30-20%	Choice Passport ASO \$200-30-20%	Elect ASO \$3300-0% HSA	Choice Passport ASO \$3300-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%		
Employee (EE) Only		8	44	3	19	1	9	0	3	\$780.06	\$891.50	\$870.54	\$994.92	\$957.78	\$1,094.60	\$967.54	\$1,096.28	\$966.54	\$1,086.28	\$1,195.14	
EE + Spouse		0	4	0	3	0	2	0	1	\$1,756.14	\$2,007.02	\$1,959.84	\$2,239.82	\$2,156.22	\$2,464.26	\$1,903.98	\$2,175.96	\$2,445.54	\$2,282.02	\$2,690.60	
EE + Child(ren)		1	2	0	2	0	0	0	0	\$1,638.72	\$1,872.82	\$1,828.80	\$2,090.06	\$2,012.06	\$2,299.48	\$1,776.66	\$2,030.48	\$2,282.02	\$2,510.70		
EE + Family		4	11	3	5	0	5	0	0	\$2,496.94	\$2,853.64	\$2,786.50	\$3,184.64	\$3,065.78	\$3,503.74	\$2,707.12	\$3,093.86	\$3,477.16	\$3,825.58		
Total Enrollment		13	61	6	29	1	16	0	4												
Estimated Monthly Premium											\$17,867	\$82,390	\$10,971	\$45,726	\$958	\$32,299	\$19,371	\$89,325	\$49,926	\$35,265	
Estimated Annual Premium											\$214,404	\$988,677	\$131,653	\$548,715	\$11,493	\$387,583	\$232,451	\$1,071,900	\$599,109	\$423,184	
Dollar Difference from Current																					
Percent Change from Current																					
Total Combined Annual Cost												CURRENT						RENEWAL			
Estimated Annual Premium											\$2,356,046						\$2,563,215				
Dollar Difference from Current																	\$207,168				
Percent Change from Current																	8.8%				
PLAN PROVISIONS																					
Rate Guarantee												1 Year rate guarantee ending 12/31/2024						1 year rate guarantee ending 12/31/2025			

*NOTE: Benefit deviations from Current are identified in blue font
 Notes and Assumptions