Health Benefits Alert

Which plan best meets the needs of me & my family? Evaluate coverage & premiums!

Employee Only

2022 Financial and Coverage Evaluation

- Total Cost of My Annual Spend = Annual Paycheck Deductions + Estimated Plan Costs
- What's important to me in a Medical Plan
- Comparing Medical plans

Employee Only Coverage

The deduction amounts below reflect non-represented rates; see Connect2MyBenefits for other Employee Contribution Rate Sheets at:
https://cityofbellevue.benefithub.com/#contentpagev2/cd3qkky5j2c9kvwy9

Annual Spend = Annual Paycheck Deductions + Estimated Plan Cost

When selecting a medical plan, it's good to know your coverage and possible financial exposure. While some procedures or visits may be known when making your plan decision, some may be unknown.

Annual Paycheck Deductions

Kaiser HMO compared to Premera Core

Kaiser HMO	Premera Core PPO	By selecting Kaiser HMO rather than Premera Core, here's my annual paycheck savings
$0.00	$725.28	$725.28

Premera Choice compared to Premera Core

Premera Choice PPO	Premera Core PPO	By selecting Premera Choice rather than Premera Core, here's my annual paycheck savings
$0.00	$725.28	$725.28

Kaiser HMO compared to Premera Choice

Premera Choice PPO	Kaiser HMO	No annual paycheck deductions taken
$0.00	$0.00	$0.00

For employees eligible for the Premera Core plan*

- You have three medical plans to select from during open enrollment: Premera Core, Premera Choice and Kaiser HMO
- If you are enrolled in Premera Core for 2021 and select the Premera Choice plan or Kaiser HMO in 2022, the Premera Core plan is still an option for you in 2023.

*applies to non-represented employees hired before 12/1/18; represented employees may refer to their labor agreement.

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To help you decide which health plan is best for your needs, think about whether you are a low, moderate, or high healthcare user, and review the corresponding situations below.
The tables below illustrate non-rep employees using in-network. Not all plans cover services the same. Additionally, cost for services will vary by providers. Please refer to the benefit outline and booklets for more details.

Low Healthcare User (Employee Only)

Amy is a non-rep employee. She has two regular office visits during the year, and 1 generic prescription.

	Kaiser HMO	Choice	Core
Amy's Annual Spend	**$30.00**	**$70.00**	**$765.28**

Annual Spend = Paycheck Deduction + Plan Costs

Amy's Annual Paycheck Deductions	**$0.00**	**$0.00**	**$725.28**
Amy's Plan Costs • 2 Office Visit Copays • 1 Generic Rx Copay	 2 x $10 = $20 $10	 2 x $30 = $60 $10	 2 x $15 = $30 $10
Amy's Plan Costs	**$30**	**$70**	**$40**

High Healthcare User (Employee Only)

Jim is a non-rep employee. He had an accidental fracture. He visits the emergency room, requires x-ray of injury, three physical therapy visits. He receives a prescription, a cast and crutches (durable medical equipment).

	Kaiser HMO	Choice	Core
Jim's Annual Spend	**$175.00**	**$1,040.00**	**$880.28**

Annual Spend = Paycheck Deduction + Plan Costs

Jim's Annual Paycheck Deductions	**$0.00**	**$0.00**	**$725.28**
Jim's Plan Costs • Emergency Room Visit • X-ray • 3 Physical Therapy Visits • Durable Medical Equipment (boot/crutches) • Generic Prescription	 $75 Copay Covered in Full 3 x $10 = $30 20% = $60 $10 Copay	$750 Deductible 10% = $125 10% = $35 3 x $30 = $90 10% = $30 $10 Copay	 $100 Copay Covered in Full 3 x $15 = $45 Covered in Full $10 Copay
Jim's Plan Costs	**$175**	**$1,040**	**$155**

Need some help comparing?

If you are eligible for the Premera Core and Choice plans, use the Premera Plan Comparison tool which combines employee contributions/payroll deductions plus your estimated cost when accessing care. For best results, open the Comparison Tool in Google Chrome.
https://www.premera.com/city-of-bellevue/benefit-focus/

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Open Enrollment Starts: October 25, 2021 (8am) Ends: November 12, 2021 (5pm)

Evaluate Coverage: Features

Use this chart to help you compare which plan may be the best fit for you.

	Kaiser HMO	Premera Choice PPO	Premera Core PPO
Pay the lowest employee contributions from your paycheck?	✓	✓	
Integrated, convenient, high-quality care of an health maintenance organization (HMO)?	✓		
Flexibility to see any providers? Your cost will be less by using the Heritage & Heritage Plus 1 preferred provider network (PPO).		✓	✓
Preventive care covered at 100% in network?	✓	✓	✓
Unlimited mental/behavioral health?	✓	✓	
Access to more massage therapy visits?	✓	✓	
Vision exams and hardware integrated with your medical plan?	✓		
Only a co-pay for office visits?	✓	✓	✓
A lower deductible?	✓		✓
An app that allows you to view ID Cards and provide multiple ways to access care?	✓	✓	✓

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Evaluate Coverage: Medical Terms to Know

In Network Coverage	Kaiser HMO	Premera Choice PPO	Premera Core PPO
Employee Contributions/Payroll Deduction (2022) The monthly amount you pay out of your paycheck when you enroll. Non-Represented Employee Rates Employee only Employee/Spouse Employee/Child(ren) Employee/Family	 $0.00 $78.96 $35.90 $107.68	 $0.00 $72.89 $53.01 $145.78	 $60.44 $260.92 $181.88 $427.04
Copay A flat dollar amount you pay for a covered health service. Copay amounts for office visits. *Deductibles and coinsurance do not apply when services require a copay.*	$10	$30	$15
Deductible The amount you may need to pay up front each calendar year before the plan begins to pay for covered services. *Not all services are subject to a deductible, such as preventive care.*	$0	$750 Individual $1,500 Family	$0
Coinsurance The portion of the cost you pay after you meet your annual deductible. Coinsurance is a percentage of the allowable amount. The plan pays a percentage of the allowable amount and you pay a percentage.	0%	10%	0%
Out-of-pocket Maximum The most you'll pay in a calendar year for covered medical and prescription drug expenses. Copays, deductibles and coinsurance payments count toward the out-of-pocket maximum. Any covered expenses above the out-of-pocket maximum will generally be covered by the plan at 100% for the rest of the calendar year.	$2,000 Individual $4,000 Family	$1,500 Individual $3,000 Family	$1,500 Individual $3,000 Family
Mandatory Generic Rules on Prescriptions If a brand name is dispensed when a generic equivalent is available, the cost will be the difference in cost between the brand name drug and the generic equivalent in addition to the brand name copay amount.	No	Yes	No
Prescription Drug Retail Pharmacy Costs (30-day supply) Generic (Tier 1) Preferred Brand (Tier 2) Non-preferred Brand (Tier 3)	 $10 $10 Not Covered	 $10 $25 $45	 $10 $20 50%
Prescription Drug Mail Order Pharmacy Costs (90-day supply) Generic (Tier 1) Preferred Brand (Tier 2) Non-preferred Brand (Tier 3)	 $30 $30 Not Covered	 $25 $62 $112	 $20 $40 50%

See the Medical Plan Booklets and monthly employee contributions on Connect2MyBenefits (https://cityofbellevue.benefithub.com) for details.