

City of Hastings, MN Medical | Fully-Insured Renewal | Effective 01/01/2024

			CURRENT						IEWAL (2) RENEWAL - all 4 plans on NARROW NETWORK (ELECT)					
	Carrier Name	Medica				Medica				Medica				
	Plan Name	Choice Passport ASO \$3000-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200- 30-20%	Choice Passport ASO 0%- 15	Choice Passport ASO \$3200-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200 30-20%	Choice Passport ASO 0%- 15	Elect ASO \$3200-0% HSA	Elect ASO \$1500-0% HRA	Elect ASO \$200-30-20%	Elect ASO 0%-15	
PLAN DESIGN* In-Network Benefits														
Deductible Type		Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Elect	Elect	Elect	Elect	
Calendar Year (CY) Deductible (Individual / Family)		Embedded	Embedded	Embedded		Embedded	Embedded	Embedded		Embedded	Embedded	\$200 / \$600	\$0 / \$0	
Out-of-Pocket Max Type		\$3,000 / \$6,000	\$1,500 / \$3,000	\$200 / \$600	\$0 / \$0	\$3,200 / \$6,400	\$1,500 / \$3,000	\$200 / \$600	\$0 / \$0	\$3,200 / \$6,400	\$1,500 / \$3,000	Embedded	Embedded	
		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	\$1,200 / \$2,400	\$500 / \$1,000	
CY Out-of-Pocket Max (Individual / Family) Coinsurance (member pays after deductible)		\$3,000 / \$6,000	\$2,250 / \$4,000	\$1,200 / \$2,400	\$500 / \$1,000	\$3,200 / \$6,400	\$2,250 / \$4,000	\$1,200 / \$2,400	\$500 / \$1,000	\$3,200 / \$6,400	\$2,250 / \$4,000	\$0	\$0	
		0%	0%	20%	0%	0%	0%	20%	0%	0%	0%	Covered 100%	Covered 100%	
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	\$30 Copay	\$15 Copay	
Primary Care Visit		0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	
Specialist Visit		0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$15 Copay	\$15 Copay	
Telehealth		0% after deductible	0% after deductible	\$15 Copay	\$15 Copay	0% after deductible	0% after deductible	\$15 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	
Urgent Care		0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$75 Copay	\$40 Copay	
Emergency Room		0% after deductible	0% after deductible	\$75 Copay	\$40 Copay	0% after deductible	0% after deductible	\$75 Copay	\$40 Copay	0% after deductible	0% after deductible	20% after deductible	Covered 100%	
Inpatient Hospital		0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	
Outpatient Surgery		0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	
Chiropractic (visit limits may apply)		0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	
Phys/Occ/Speech Therapy (visit limits may apply)		0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	20% after deductible	Covered 100%	
Diagnostic Test (X-ray, blood work)		0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	
Imaging (CT/PET scan, MRI)		0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	2070 ditti doddolibio	0010100 10070	
Prescription Drug Benefit		070 ditor deddetible	On tator doddouble	2070 dital doddoliolo	0070100 10070	O NO CARCO GOGGOODIO	0 70 tatel deddetate	2070 ditter deddetible	0040100 10070	070 ditor deddetible	070 ditti doddolibio			
Out-of-Pocket Maximum (Individual / Family)		Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical			
Retail		31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	\$11 / \$11 / \$35	\$8 / \$8 / \$23	
Tier I / Tier II / Tier III		0% after deductible	\$20 / \$20 / \$20	\$11 / \$11 / \$35	\$8 / \$8 / \$23	0% after deductible	\$20 / \$20 / \$20	\$11 / \$11 / \$35	\$8 / \$8 / \$23	0% after deductible	\$20 / \$20 / \$20	20% to max \$200 / 40%	20% to max \$200 /	
Specialty		0% after deductible	20% to max \$200 / 40%	20% to max \$200 / 40%	20% to max \$200 / 40%	0% after deductible	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%		93 Days	
Mail Order										93 Davs		93 Days \$22 / \$22 / \$70	\$16 / \$16 / \$46	
Tier I / Tier II / Tier III		93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days		93 Days	\$22 / \$22 / \$70	\$16 / \$16 / \$46	
		0% after deductible	\$40 / \$40 / \$40	\$22 / \$22 / \$70	\$16 / \$16 / \$46	0% after deductible	\$40 / \$40 / \$40	\$22 / \$22 / \$70	\$16 / \$16 / \$46	0% after deductible	\$40 / \$40 / \$40			
Out-of-Network Benefits												Embedded	Embedded	
Deductible Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
CY Deductible (Individual / Family)		\$3,000 / \$6,000	\$1,500 / \$3,000	\$400 / \$1,200	\$200 / \$600	\$3,200 / \$6,400	\$1,500 / \$3,000	\$400 / \$1,200	\$200 / \$600	\$6,400 / \$12,800	\$3,000 / \$6,000	\$400 / \$1,200	\$200 / \$600	
Out-of-Pocket Max Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
CY Out-of-Pocket Max (Individual / Family)		\$3,500 / \$7,000	\$2,250 / \$4,000	\$2,500 / \$7,500	\$2,500 / \$5,000	\$3,700 / \$7,400	\$2,250 / \$4,000	\$2,500 / \$7,500	\$2,500 / \$5,000	\$12,800 / 25,600	\$6,000 / \$12,000	\$2,500 / \$7,500	\$2,500 / \$5,000	
Coinsurance (member pays after deductible)		20%	0%	40%	25%	20%	0%	40%	25%	20%	20%	40%	25%	
COST ANALYSIS														
PEPM Rates - Enrollment per Renewal 2023 Plan 1 Plan	2 Plan 3 Plan 4			Choice Passport ASO \$200-	Choice Passport ASO 0%-15			0- Choice Passport ASO \$200-	Choice Passport ASO 0%-15	Elect ASO \$3200-0% HSA	Elect ASO \$1500-0% HRA	Elect ASO \$200-30-20%	Elect ASO 0%-1	
5	- 44	0% HSA	0% HRA	30-20%		0% HSA	0% HRA	30-20%						
Employee (EE) Only 44 25		\$723.81	\$803.01	\$890.12	\$952.35	\$891.50	\$994.92	\$1,094.60	\$1,166.70	\$780.06	\$870.54	\$957.78	\$1,020.88	
EE + Spouse 4 5		\$1,629.49	\$1,807.78	\$2,003.89	\$2,143.98	\$2,007.02	\$2,239.82	\$2,464.26	\$2,626.58	\$1,756.14	\$1,959.84	\$2,156.22	\$2,298.26	
EE + Child(ren) 0 2		\$1,520.54	\$1,686.91	\$1,869.91	\$2,000.63	\$1,872.82	\$2,090.06	\$2,299.48	\$2,450.96	\$1,638.72	\$1,828.80	\$2,012.06	\$2,144.58	
EE + Family 14 8		\$2,316.86	\$2,570.35	\$2,849.19	\$3,048.37	\$2,853.64	\$3,184.64	\$3,503.74	\$3,734.54	\$2,496.94	\$2,786.50	\$3,065.78	\$3,267.72	
Total Enrollment 62 40	24 5													
Estimated Monthly Premium		\$70,802	\$53,051	\$37,304	\$9,098	\$87,205	\$65,729	\$45,874	\$11,145	\$76,304	\$57,512	\$40,140	\$9,752	
Estimated Annual Premium		\$849,620	\$636,609	\$447,653	\$109,172	\$1,046,460	\$788,752	\$550,492	\$133,746	\$915,652	\$690,148	\$481,682	\$117,028	
	nce from Current					\$196,841	\$152,143	\$102,839	\$24,574	\$66,033	\$53,538	\$34,029	\$7,856	
	nge from Current					23.17%	23.90%	22.97%	22.51%	7.77%	8.41%	7.60%	5.87%	
Total Combined Annual Cost														
Father and Assembly		CURRENT					RENEWAL				(2) RENEWAL - all 4 plans on NARROW NETWORK (ELECT)			
Estimated Annual Premium		\$2,043,054				\$2,519,450				\$2,204,510				
Dollar Difference from Current						\$476,396				\$161,456				
	nge from Current						23	3.32%			7.9	90%		
PLAN PROVISIONS Rate Guarantee														
				ee ending 12/31/2023				tee ending 12/31/2024						
Eligibility			FTE 30	HRS/WK			FTE 30	HRS/WK						