

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

Carrier Name Plan Name	CURRENT								RENEWAL				(2) RENEWAL - all 4 plans on NARROW NETWORK (ELECT)			
	Medica								Medica				Medica			
	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	Elect ASO \$3200-0% HSA	Elect ASO \$1500-0% HRA	Elect ASO \$200-30-20%	Elect ASO 0%-15
<b>PLAN DESIGN*</b>																
<b>In-Network Benefits</b>																
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	\$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	\$200 / \$600	\$0 / \$0	\$3,200 / \$6,400	\$1,500 / \$3,000	\$200 / \$600	\$0 / \$0
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$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	\$1,200 / \$2,400	\$500 / \$1,000	\$3,200 / \$6,400	\$2,250 / \$4,000	\$1,200 / \$2,400	\$500 / \$1,000
Coinsurance (member pays after deductible)	0%	0%	20%	0%	0%	0%	20%	0%	0%	0%	20%	0%	0%	20%	0%	20%
<b>Preventive Care</b>	Covered 100%								Covered 100%				Covered 100%			
Primary Care Visit	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialist Visit	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Telehealth	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
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	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	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	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Chiropractic (visit limits may apply)	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
<b>Prescription Drug Benefit</b>																
Out-of-Pocket Maximum (Individual / Family)	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days
Retail	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Tier I / Tier II / Tier III	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialty	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mail Order	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	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	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	0% after deductible	0% after deductible	0% after deductible	0% after deductible
<b>Out-of-Network Benefits</b>																
Deductible Type	Embedded	Embedded	Embedded	Embedded	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	\$3,200 / \$6,400	\$1,500 / \$3,000	\$400 / \$1,200	\$200 / \$600	\$3,200 / \$6,400	\$1,500 / \$3,000	\$400 / \$1,200	\$200 / \$600
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded	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	\$3,700 / \$7,400	\$2,250 / \$4,000	\$2,500 / \$7,500	\$2,500 / \$5,000	\$3,700 / \$7,400	\$2,250 / \$4,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Coinsurance (member pays after deductible)	20%	0%	40%	20%	20%	0%	40%	20%	20%	0%	40%	20%	20%	0%	40%	20%
<b>COST ANALYSIS</b>																
<b>PEPM Rates - Enrollment per Renewal 2023</b>	Plan 1	Plan 2	Plan 3	Plan 4	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
Employee (EE) Only	44	25	14	2	\$723.81	\$803.01	\$890.12	\$862.35	\$891.50	\$994.92	\$1,094.60	\$1,166.70	\$780.06	\$870.54	\$957.78	\$1,020.88
EE + Spouse	4	5	2	1	\$1,029.49	\$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	\$2,158.22	\$2,298.26
EE + Child(ren)	0	2	2	1	\$1,520.54	\$1,886.91	\$1,889.91	\$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	6	1	\$2,316.86	\$2,570.35	\$2,849.19	\$3,048.37	\$3,184.64	\$3,503.74	\$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
Dollar Difference from Current									\$106,841	\$152,143	\$102,839	\$24,574	\$65,033	\$53,538	\$34,029	\$7,856
Percent Change from Current									23.17%	23.90%	22.97%	22.51%	7.77%	8.41%	7.60%	5.87%
<b>Total Combined Annual Cost</b>																
<b>Estimated Annual Premium</b>																
Dollar Difference from Current																
Percent Change from Current																
<b>PLAN PROVISIONS</b>																
Rate Guarantee	1 Year rate guarantee ending 12/31/2023								1 Year rate guarantee ending 12/31/2024							
Eligibility	FTE 30HRS/WK								FTE 30HRS/WK							