



Health Benefits Alert

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

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

Family Coverage

The deduction amounts below reflect non-represented rates; see Connect2MyBenefits for other Employee Contribution Rate Sheets at:
<https://cityofbellevue.benefithub.com/#contentpagev2/cd3qkky5j2c9kwwy9>

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 |
|------------|------------------|---|
| \$1,292.16 | \$5,124.48 | \$3,832.32 |

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 |
|--------------------|------------------|---|
| \$1,749.36 | \$5,124.48 | \$3,375.12 |

Kaiser HMO compared to Premera Choice

| Premera Choice PPO | Kaiser HMO | By selecting Kaiser HMO rather than Premera Choice, here's my annual paycheck savings |
|--------------------|------------|---|
| \$1,749.36 | \$1,292.16 | \$457.20 |

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 & Family)

Amy is a non-rep employee. She has two regular office visits during the year, and 1 generic prescription. Her spouse requires only preventive care which is covered in full by all three plans.

| | Kaiser HMO | Choice | Core |
|---|-------------------|-------------------|-------------------|
| Amy's Annual Spend | \$1,322.16 | \$1,819.36 | \$5,164.48 |
| <i>Annual Spend = Paycheck Deduction + Plan Costs</i> | | | |
| Amy's Annual Paycheck Deductions | \$1,292.16 | \$1,749.36 | \$5,124.48 |
| Amy's Plan Costs | | | |
| • 2 Office Visit Copays | 2 x \$10 = \$20 | 2 x \$30 = \$60 | 2 x \$15 = \$30 |
| • 1 Generic Rx Copay | \$10 | \$10 | \$10 |
| Amy's Plan Costs | \$30 | \$70 | \$40 |

High Healthcare User (Employee & Family)

Pat is a non-rep employee. Pat manages an ongoing condition via medication and Pat's spouse, Ann, has a simple fracture. They require care such as: office visits, prescription drugs, durable medical equipment (Ann's crutches); Ann did visit the ER for the simple fracture.

| | Kaiser HMO | Choice | Core |
|---|-------------------|-------------------|-----------------------------|
| Pat's Annual Spend | \$1,537.16 | \$3,059.36 | \$6,564.48 |
| <i>Annual Spend = Paycheck Deduction + Plan Costs</i> | | | |
| Pat's Annual Paycheck Deductions | \$1,292.16 | \$1,749.36 | \$5,124.48 |
| Pat's Plan Costs | | | |
| • 3 Office Visit Copays | 3 x \$10 = \$30 | 3 x \$30 = \$90 | 3 x \$15 = \$45 |
| • 4 Brand Name Drugs (Premera Tier 3) | 4 x \$10 = \$40 | 4 x \$45 = \$180 | (50% = \$310) x 4 = \$1,240 |
| Ann's Plan Costs | | \$750 Deductible | |
| • Emergency Room Visit | \$75 Copay | 10% = \$125 | \$100 Copay |
| • X-ray | Covered in Full | 10% = \$35 | Covered in Full |
| • 3 Physical Therapy Visits | 3 x \$10 = \$30 | 3 x \$30 = \$90 | 3 x \$15 = \$45 |
| • Durable Medical Equipment (boot/crutches) | 20% = \$60 | 10% = \$30 | Covered in Full |
| • Generic Prescription | \$10 Copay | \$10 Copay | \$10 Copay |
| Pat and Ann's Plan Costs | \$245 | \$1,310 | \$1,440 |

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. Visit: <https://www.premera.com/city-of-bellevue/benefit-focus/> For best results, open the Comparison Tool in Google Chrome.

The data contained in this document are hypothetical and are for illustrative purposes only. The information has been made available to you as self-help tools for your independent use and is not intended to provide investment advice. Gallagher Benefit Services, Inc., do not guarantee their applicability or accuracy regarding your individual circumstances.



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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. <i>Deductibles and coinsurance do not apply when services require a copay.</i> | \$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. <i>Not all services are subject to a deductible, such as preventive care.</i> | \$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.