

**NOTICE OF PUBLIC MEETING
OF THE
ESMERALDA COUNTY BOARD OF COMMISSIONERS
WORKSHOP**

July 15, 2014
Following Highway Commission Meeting
Esmeralda County Courthouse
Commission Chambers
233 Crook Ave., 2nd Floor
Goldfield, Nevada

1. CALL TO ORDER / ROLL CALL:
2. PUBLIC COMMENT: Discussion only. Action may not be taken on any matter brought up under this agenda item. It must be placed on an agenda, at a later meeting for action.)
3. DISCUSSION ONLY: County Health Insurance renewal, options with current insurance and other available insurance companies. Discuss a health insurance plan and establish and set County's pay rates/percentages towards the employees' and retirees' insurance plan and HSA's. (Commissioners)
4. PUBLIC COMMENT: Discussion only. Action may not be taken on any matter brought up under this agenda item. It must be placed on an agenda, at a later meeting for action.)
5. *ADJOURNMENT:

NOTE: The asterisk "*" denotes action agenda items.

NOTE: This institution is an equal opportunity provider and employer

The workshop meeting of the Esmeralda County Board of Commissioners will be held on July 15, 2014, in the Commission Chambers, Esmeralda County Courthouse, 233 Crook Ave., 2nd floor, Goldfield, Nevada beginning at 10:00 a.m.

In accordance with NRS 241.020 this agenda was posted at the following locations: Commission Chambers, Esmeralda County Courthouse foyer and Goldfield Post Office. In addition, notices were mailed for posting to the following locations: In Goldfield: Goldfield Library. In Silver Peak: Silver Post Office and Silver Peak Library. In Fish Lake Valley: Dyer Post Office and Fish Lake Valley Library.

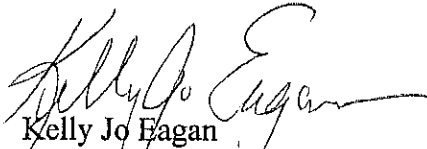
Agenda items may be taken out of order.

Reasonable effort will be made to assist and accommodate physically handicapped persons attending the meeting. Please contact Amanda Daeseleer at 775-485-3406, at least 48 hours prior to the meeting so that arrangements may be made.

Request to receive the agenda must be made in writing to the Esmeralda County Clerk/Treasurer, PO Box 547, Goldfield, Nevada 89013. A form is available upon request.

If you have any questions regarding this agenda or future agendas, please do not hesitate to contact the Esmeralda County Clerk/Treasurer at 775-485-6309 or 1-800-884-4072.

I Kelly Jo Eagan, Esmeralda County Chief Deputy Clerk/Treasurer, hereby certify that in accordance with NRS 241.020 I posted or caused to be posted, this agenda to the above locations on July 7, 2014.


Kelly Jo Eagan
Esmeralda County
Chief Deputy Clerk/Treasurer



NFP[™]

Property and
Casualty Services, Inc.

June 13, 2014

Board of Commissioners
c/o Karen Scott
County Recorder
Esmeralda County
P.O. Box 458
Goldfield, NV 89013

Re: Health Plan Renewal
Plan Year - September 2014 - 2015

Dear Ms. Scott and County Commissioners:

Enclosed on the following pages are the renewal figures for the County's health plan from Sierra Health & Life for plan year 2014-2015. The renewal this year was considerably higher than anything we've seen in the past. A lot of this is due to the Affordable Care Act and the additional benefits that must now be included on all the plans, along with all the taxes and fees. Although the large group market does not have to include all the Essential Health Benefits on their plans, they must abide by the no annual and lifetime dollar limits on any EHB's that are included on the plan. Although dollar limits are not allowed, some benefits may have frequency or visit limitations. The majority of this rate increase is due to a higher than usual claims history for the year. I was able to negotiate with Sierra to get some rate relief over the first renewal rates that were given. The original renewal was 42.43%. The revised renewal is 35.31%. It's still high, but it's a little better.

Given the renewal being so high, I did put the County out to bid with several other carriers that could potentially provide decent coverage for the County. I am very limited on carriers because a lot of them will not cover retirees. I requested quotes from Aetna, Anthem Blue Cross/Blue Shield, Humana and United Healthcare. Aetna sent me an email stating "We have evaluated all aspects of this group and we have determined we are not able to provide rates better than offered elsewhere". What this means is their rates would have been much higher than Sierra's renewal. I have attached spreadsheets for the other carriers so you can see the comparisons. Humana was so far out of the ballpark that it literally made me laugh because it was so ridiculous. For a lower benefit plan than your current plan, the rates would have been a 338% increase, over 300% more than the Sierra renewal. They also ran a provider search for me to see if they had providers available for your employees and basically they didn't, except for the couple of folks who live in Vegas. United's quotes were quite a bit higher as well for a much lower benefit plan. Anthem is the only carrier that came in with comparable rates and plan designs. Their rates came in very close, and in some cases just a little lower, than the Sierra rates. In reviewing the provider directory for Anthem, they really don't have any more providers in your area than does Sierra.

Lapre Scalf & Company is now NFP Property and Casualty, Inc. Learn more at www.laprescalf.com and www.nfpcc.com

4175 S. Riley Street, #200 / Las Vegas, NV 89147 / Tel: 702-735-7303 / Toll Free: 800-313-7277 / Fax: 702-735-7370 // www.laprescalf.com / CA #0B01050 / CA #0C06561

They will cover the retirees, but they do not have any Medicare rates, so those retirees that are over 65 will pay the full employee only premium rates. So, based on there not being enough savings with Anthem...literally less than a couple hundred dollars a month total including the retirees, I don't feel it would be in the County's best interest to upset the apple cart and change carriers at this time. We can look at it again next year and if it makes sense to do so at that time, we could do it.

That being said, my recommendation would be to stay with Sierra for the 2014-2015 plan year. I realize that the rate increase is still too much for the County's budget so we need to find a viable solution that will work. Currently the County is very generous in their contributions toward the employees' and dependents' premiums as well as making contributions to their HSA accounts to help offset the deductible. Unfortunately, I believe it will be necessary to make some adjustments at this time such as changing the plan, the employee contributions for dependents and/or the HSA contributions.

In contemplating all the different options available, my thoughts would be:

- Option 1 would be to move to a lower premium/lower benefit plan. I would suggest moving to the \$1500 80/20 HSA plan. The reason I'm suggesting this plan is that the deductible would stay the same at \$1500. Once the \$1500 is hit, then the employees would pay 20% coinsurance until they pay an additional \$1500 out of pocket, then the insurance company would pay 100%. For families, the deductible would be \$3000 (same as current plan) with 20% coinsurance to an additional \$3000 out of pocket. This would double the potential out of pocket for the members from what they have now, but the initial deductible would be the same. So, for those who don't use a lot of services, they'll never notice the difference. For those that do use a lot of services, they will experience an increase in their out of pocket costs, but after the first \$1500, they'll be paying 20% with insurance company paying 80% so those costs won't be as high as if they had to pay 100% of the costs until they hit the additional \$1500 (which is what would happen if you just moved to a \$3000/100% plan). By just changing plans and not changing anything else, the actual percentage of increase to the County (which includes your contributions to the premiums and HSA) would be around 18.29%.

Renew with \$1500/80% HSA and no other changes - 18.29%

	\$1500/80% HSA	Premium	ER	EE	HSA	Total ER	Total EE	Monthly Total
31	Employee	\$563.51	\$562.51	\$1.00	\$101.00	\$20,568.81	\$31.00	\$20,599.81
10	EE + 1	\$1,118.40	\$1,024.79	\$93.61	\$101.00	\$11,257.90	\$936.10	\$12,194.00
6	EE + 2	\$1,616.33	\$1,439.63	\$176.70	\$101.00	\$9,243.78	\$1,060.20	\$10,303.98
						\$41,070.49	\$2,027.30	\$43,097.79

1500/80

2. Option 2 would be the same as Option 1 but change the employee dependent contributions. With any of the options, I would recommend increasing the dependent contributions to coincide with the increase in the premiums. Currently those with dependents are paying 20% of the difference between the employee plus 1 or 2 premium, minus the employee only premium, plus \$1.00. The additional amount to the employees with family is still very minimal in the grander scheme of things and it would save a little for the County. Keep in mind that any deductions from the employees' paychecks would be pre-tax, so the "actual" amount would be a little less that way. The percent increase to the County to change plans along with increasing the employee dependent contributions would be around 17.15%.

Renew with \$1500/80% HSA and same employee percentage contributions & same HSA - 17.15%

	\$1500/80% HSA	Premium	ER	EE-20% difference	HSA	Total ER	Total EE	Monthly Total
31	Employee	\$563.51	\$562.51	\$1.00	\$101.00	\$20,568.81	\$31.00	\$20,599.81
10	EE + 1	\$1,118.40	\$1,006.42	\$111.98	\$101.00	\$11,074.20	\$1,119.80	\$12,194.00
6	EE + 2	\$1,616.33	\$1,404.77	\$211.56	\$101.00	\$9,034.62	\$1,269.36	\$10,303.98
						\$40,677.63	\$2,420.16	\$43,097.79

3. Option 3 would be to move to the \$2500/100% plan, increasing the dependent contributions by the same percentage as they are paying now and keeping the same HSA contributions. With this plan, the potential out of pocket would be lowered by \$500/employee or \$1000/family versus the \$1500/80% plan. The drawback is the deductible is \$2500 individual/\$5000 family which would have to be paid first before the insurance company would pay 100%, whereas with the \$1500/80% plan the insurance company would start paying 80% after the first \$1500. With this plan option, the percent increase to the County would be around 17.68%.

Renew with \$2500/100% HSA & same employee percentage contributions & same HSA-17.68%

	\$2500 HSA	Premium	ER	EE	HSA	Total ER	Total EE	Total
31	Employee	\$565.52	\$564.52	\$1.00	\$101.00	\$20,631.12	\$31.00	\$20,662.12
10	EE + 1	\$1,122.39	\$1,010.01	\$112.38	\$101.00	\$11,110.10	\$1,123.80	\$12,233.90
6	EE + 2	\$1,622.09	\$1,409.77	\$212.32	\$101.00	\$9,064.62	\$1,273.92	\$10,338.54
						\$40,805.84	\$2,428.72	\$43,234.56

4. Option 4 would be to keep your current plan but increase contributions from the employees toward their dependent premiums and also change the HSA contributions. Currently you are contributing \$101/employee/month which almost completely covers the deductible in any given calendar year. If you reduced that to \$50, each employee would be losing out on around \$600/year in their HSA account, but by keeping the current plan vs. moving to the lower premium plan, it would be less than having a potential of an additional \$1500 out of pocket. What this would mean is each employee could potentially have to pay \$900 out of pocket in any given calendar year instead of the current \$300, which is still a very, very rich plan. With this option, the actual percentage of increase to the County would be around 23.63%.

Renew with same percentage of employee contribution & lower HSA contribution-23.63%

	\$1500/100%	Premium	ER	EE-20% diff	HSA	Total ER	Total EE	Total
31	Employee	\$636.25	\$635.25	\$1.00	\$50.00	\$21,242.75	\$31.00	\$21,273.75
10	EE + 1	\$1,262.77	\$1,136.47	\$126.30	\$50.00	\$11,864.70	\$1,263.00	\$13,127.70
6	EE + 2	\$1,824.97	\$1,586.23	\$238.74	\$50.00	\$9,817.38	\$1,432.44	\$11,249.82
						\$42,924.83	\$2,726.44	\$45,651.27

For informational purposes only, the current 2014 IRS limits for contributions to an HSA are \$3300 for an individual and \$6550 for a family. The 2015 limits will be \$3350 for an individual and \$6650 for a family. The \$1000 catch up provision is still in place for those aged 55 or over. The required minimum deductible is increasing to \$1300 for an individual and \$2600 family for 2015, so you are okay with the \$1500 deductible, should you choose to keep your current plan or move to the \$1500 80/20 plan.

I would like to thank you again for your confidence in me for this past year. It's been a tricky one with all the changes due to the Affordable Care Act and I don't think we're done yet. I have been doing my utmost to keep Karen informed of all the changes and nuances of the ACA so that you all remain in compliance with the new laws. I look forward to continuing our relationship for another year as we head toward 2015.

As it stands right now, I'm planning on being at the County Commission Meeting on July 1. Please do not hesitate to contact me if you have any questions in the meantime.

Respectfully,



Sammie Kasprzyk
Director Life/Health

Enclosures

ESMERALDA COUNTY INCLUDING RETIREES		Sierra Health and Life		Sierra Health and Life		Sierra Health and Life	
		HSA PPO 1500/100% Option		HSA PPO 1500/80% Option		HSA PPO 3000/100% Option	
Maximum While Insured	No Lifetime Maximum	\$1,500	\$4,500	\$1,500	\$3,000	\$3,000	\$6,000
Individual Calendar Year Deductible		\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000
Family Calendar Year Deductible		\$0	\$1,500	\$3,000	\$6,000	\$0	\$12,000
Individual Out of Pocket Maximum	per Calendar Year	\$0	\$3,000	\$0	\$6,000	\$0	\$12,000
Family Out of Pocket Maximum	per Calendar Year	\$0	\$3,000	\$0	\$6,000	\$0	\$12,000
Coinurance Percentage		0%	30%	0%	30%	0%	30%
PHYSICIAN SERVICES							
Primary Care Visit	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Specialist Visit	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Preventive Benefits	No charge	No charge		No charge		No charge	
HOSPITAL/SURGICAL SERVICES							
Inpatient	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Outpatient	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Ambulatory Surgical Facility	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
EMERGENCY SERVICES							
Emergency Room - Waived if admitted	After your CYD You pay \$0	After your CYD You pay \$0		After your CYD You pay 20%		After your CYD You pay \$0	
Urgent Care Facility	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Ground Ambulance	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
DIAGNOSTIC SERVICES							
Routine Lab	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Routine X-ray	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
Advanced Imaging (MRI,CAT,PET, MRA)	After your CYD You pay \$0 per visit	After your CYD You pay 30%		After your CYD You pay 50%		After your CYD You pay 30%	
PHARMACY CO-PAYS							
Prescriptions	You pay \$0 per prescription in Network	You pay \$0 per prescription in Network		You pay 20% per prescription in Network		You pay \$0 per prescription in Network	
PREMIUMS							
21 Employee Only	Current	\$470.22	\$636.25	\$665.52	\$663.51	\$514.97	\$514.97
10 Employee + 1 Dependent	Current	\$933.25	\$1,262.77	\$1,122.39	\$1,118.40	\$1,022.07	\$1,022.07
6 Employee + 2 or more Dependents	Current	\$1,348.74	\$1,824.97	\$1,622.09	\$1,616.33	\$1,477.10	\$1,477.10
4 Retirees total	Current	\$1,529.24	\$2,069.18	\$1,839.16	\$1,832.62	\$1,674.76	\$1,674.76
Estimated Monthly Plan Total	Current	\$3,531.00	\$4,570.45	\$4,926.16	\$4,913.44	\$4,572.13	\$4,572.13
Estimated Annual Plan Total	Current	\$402,372.00	\$548,454.00	\$591,139.92	\$591,139.92	\$548,658.56	\$548,658.56
Estimated Increase from 2018 Rates	Current	\$8.31%	\$8.31%	\$9.24%	\$9.24%	\$9.52%	\$9.52%

↑ Out of Pocket Maximum Includes Deductible, Coinsurance and Copayments

ESMERALDA COUNTY RETIREES

HSA PPO 1500/100% CURRENT

Sierra Health & Life	Number of Employees in 2013	Current Rates	Monthly Total	Annual Total
One with Medicare	2	\$294.40	\$588.80	\$7,065.60
One with Medicare & One without Medicare	0	\$617.10	\$0.00	\$0.00
One with Medicare & Two or More without Medicare	0	\$791.66	\$0.00	\$0.00
Two with Medicare	0	\$588.79	\$0.00	\$0.00
Two with Medicare & Dependents without Medicare	0	\$1,105.34	\$0.00	\$0.00
One without Medicare	2	\$470.22	\$940.44	\$11,285.28
TOTALS			\$4,529.24	\$18,360.88

HSA PPO 1500/100% RENEWAL

Sierra Health & Life	Number of Employees in 2013	Renewal Rates	Monthly Total	Annual Total
One with Medicare	2	\$398.34	\$796.68	\$9,560.16
One with Medicare & One without Medicare	0	\$835.00	\$0.00	\$0.00
One with Medicare & Two or More without Medicare	0	\$1,071.20	\$0.00	\$0.00
Two with Medicare	0	\$796.68	\$0.00	\$0.00
Two with Medicare & Dependents without Medicare	0	\$1,495.64	\$0.00	\$0.00
One without Medicare	2	\$636.25	\$1,272.50	\$15,270.00
TOTALS			\$2,069.18	\$24,830.16

HSA PPO 2500/100% OPTION

Sierra Health & Life	Number of Employees in 2013	Current Rates	Monthly Total	Annual Total
One with Medicare	2	\$354.06	\$708.12	\$8,497.44
One with Medicare & One without Medicare	0	\$742.18	\$0.00	\$0.00
One with Medicare & Two or More without Medicare	0	\$952.12	\$0.00	\$0.00
Two with Medicare	0	\$708.12	\$0.00	\$0.00
Two with Medicare & Dependents without Medicare	0	\$1,329.38	\$0.00	\$0.00
One without Medicare	2	\$565.52	\$1,131.04	\$13,572.48
TOTALS			\$1,839.16	\$22,069.92

HSA PPO 1500/80% OPTION

Sierra Health & Life	Number of Employees in 2013	Renewal Rates	Monthly Total	Annual Total
One with Medicare	2	\$352.80	\$705.60	\$8,467.20
One with Medicare & One without Medicare	0	\$739.54	\$0.00	\$0.00
One with Medicare & Two or More without Medicare	0	\$948.73	\$0.00	\$0.00
Two with Medicare	0	\$705.60	\$0.00	\$0.00
Two with Medicare & Dependents without Medicare	0	\$1,324.65	\$0.00	\$0.00
One without Medicare	2	\$563.51	\$1,127.02	\$13,524.24
TOTALS			\$1,832.62	\$21,991.44

HSA PPO 3000/100% OPTION

Sierra Health & Life	Number of Employees in 2013	Renewal Rates	Monthly Total	Annual Total
One with Medicare	2	\$322.41	\$644.82	\$7,737.84
One with Medicare & One without Medicare	0	\$675.83	\$0.00	\$0.00
One with Medicare & Two or More without Medicare	0	\$867.01	\$0.00	\$0.00
Two with Medicare	0	\$644.82	\$0.00	\$0.00
Two with Medicare & Dependents without Medicare	0	\$1,210.55	\$0.00	\$0.00
One without Medicare	2	\$514.97	\$1,029.94	\$12,359.28
TOTALS			\$1,674.76	\$20,097.12

HSA \$1,750/\$3,500 100/70% PRO NETWORK		HSA \$2,500/\$5,000 80/20% PRO NETWORK	
Maximum While Insured	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
Individual Calendar Year Deductible	\$1,750	\$2,500	\$5,000
Family Calendar Year Deductible	\$3,500	\$5,000	\$10,000
Individual Out of Pocket Maximum ¹	\$1,750 per Calendar Year	\$6,350 per Calendar Year	\$12,700 per Calendar Year
Family Out of Pocket Maximum ¹	\$3,500 per Calendar Year	\$12,700 per Calendar Year	\$25,400 per Calendar Year
Coinsurance Percentage	0%	20%	50%
PHYSICIAN SERVICES			
Primary Care Visit	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 30%
Specialist Visit	After your CYD You pay 30%	No charge	After your CYD You pay 30%
Preventive Benefits	No charge	No charge	No charge
HOSPITAL / SURGICAL SERVICES			
Inpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Outpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ambulatory Surgical Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
PHYSICIAN / SURGICAL SERVICES			
Inpatient / Outpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ambulatory Surgical Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Anesthesia	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
EMERGENCY SERVICES			
Emergency Room - Waived if admitted	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Urgent Care Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ground Ambulance	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
DIAGNOSTIC SERVICES			
Routine Lab	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Routine X-ray	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Advanced Imaging (MRI,CAT,PET, MRA)	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Preventive Benefits	No charge	No charge	No charge
PHARMACY/COPIES			
Prescriptions	Generic \$0 • Brand \$0	Generic 20% • Brand 20%	Generic 20% • Brand 20%

HSA \$1,750/\$3,500 100/70% PRO NETWORK		HSA \$2,500/\$5,000 80/20% PRO NETWORK	
Maximum While Insured	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
Individual Calendar Year Deductible	\$1,750	\$2,500	\$5,000
Family Calendar Year Deductible	\$3,500	\$5,000	\$10,000
Individual Out of Pocket Maximum ¹	\$1,750 per Calendar Year	\$6,350 per Calendar Year	\$12,700 per Calendar Year
Family Out of Pocket Maximum ¹	\$3,500 per Calendar Year	\$12,700 per Calendar Year	\$25,400 per Calendar Year
Coinsurance Percentage	0%	20%	50%
PHYSICIAN SERVICES			
Primary Care Visit	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 30%
Specialist Visit	After your CYD You pay 30%	No charge	After your CYD You pay 30%
Preventive Benefits	No charge	No charge	No charge
HOSPITAL / SURGICAL SERVICES			
Inpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Outpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ambulatory Surgical Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
PHYSICIAN / SURGICAL SERVICES			
Inpatient / Outpatient	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ambulatory Surgical Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Anesthesia	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
EMERGENCY SERVICES			
Emergency Room - Waived if admitted	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Urgent Care Facility	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Ground Ambulance	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
DIAGNOSTIC SERVICES			
Routine Lab	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Routine X-ray	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Advanced Imaging (MRI,CAT,PET, MRA)	After your CYD You pay \$0	After your CYD You pay 20%	After your CYD You pay 50%
Preventive Benefits	No charge	No charge	No charge
PHARMACY/COPIES			
Prescriptions	Generic \$0 • Brand \$0	Generic 20% • Brand 20%	Generic 20% • Brand 20%

¹Out of Pocket Maximum Includes Deductible, Coinsurance and Copayments

PREMIUMS	RATE
31 Employee	\$1,623.57
9 Employee + Spouse	\$3,247.15
2 Employee + Child(ren)	\$3,084.79
5 Employee + Family	\$5,195.43
Estimated Monthly Plan Total	\$11,701.75
Estimated Annual Plan Total	\$139,421.00

United Health Insurance Management		HSA PPO 1500/80% WMF-P		HSA PPO 2000/80% WMF-P	
PPO NETWORK		OUT OF NETWORK		PPO NETWORK	
No Lifetime Maximum		No Lifetime Maximum		No Lifetime Maximum	
Maximum While Insured					
Individual Calendar Year Deductible	\$1,500	\$3,000	\$2,000	\$4,000	\$4,000
Family Calendar Year Deductible	\$3,000	\$6,000	\$4,000	\$8,000	\$8,000
Individual Out of Pocket Maximum ^	\$5,500	\$11,000	\$6,000	\$12,000	\$12,000
Family Out of Pocket Maximum ^	\$11,000	\$22,000	\$12,000	\$24,000	\$24,000
Coinurance Percentage	20%	50%	20%	50%	50%
PHYSICIAN SERVICES					
Primary Care Visit	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 50%
Specialist Visit					
Preventive Benefits	No charge		No charge		
HOSPITAL / SURGICAL SERVICES					
Inpatient					
Outpatient	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 50%
Ambulatory Surgical Facility					
PHYSICIAN SURGICAL SERVICES					
Inpatient / Outpatient					
Ambulatory Surgical Facility	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 50%
Anesthesia					
EMERGENCY SERVICES					
Emergency Room - Waived if admitted					
Urgent Care Facility	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 50%
Ground Ambulance					
DIAGNOSTIC SERVICES					
Routine Lab					
Routine X-ray					
Advanced Imaging (MRI,CAT, PET, MRA)	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 20%	After your CYD You pay 50%	After your CYD You pay 50%
Preventive Benefits	No charge		No charge		
PHARMACY CO-PAYS					
Prescriptions	Tier-1 \$10	Tier-2 \$35	Tier-3 \$60	Tier-1 \$10	Tier-2 \$35
PREMIUMS					
31 Employee	\$648.93	\$648.93	\$610.02	\$610.02	\$610.02
9 Employee + Spouse	\$1,297.86	\$1,297.86	\$1,220.04	\$1,220.04	\$1,220.04
2 Employee + Child(ren)	\$1,232.97	\$1,232.97	\$1,159.04	\$1,159.04	\$1,159.04
5 Employee + Family	\$2,011.68	\$2,011.68	\$1,891.06	\$1,891.06	\$1,891.06
4 Retirees	\$648.93	\$648.93	\$610.02	\$610.02	\$610.02
Estimated Monthly Plan Total	\$46,517.63	\$46,517.63	\$44,104.44	\$44,104.44	\$44,104.44
Estimated Annual Plan Total	\$558,211.56	\$558,211.56	\$529,253.28	\$529,253.28	\$529,253.28

^ Out of Pocket Maximum Includes Deductible, Coinurance and Copayments

	HSA 16 - 30/70 \$4500		HSA 20 - 40/70 \$2500		HSA 22 - 100/70 \$3000	
	No Lifetime Maximum		No Lifetime Maximum		No Lifetime Maximum	
Maximum While Insured	\$1,500	\$3,000	\$2,500	\$2,500	\$3,000	\$3,000
Individual Calendar Year Deductible	\$3,000	\$6,000	\$5,000	\$5,000	\$6,000	\$6,000
Family Calendar Year Deductible	\$3,000	\$6,000	\$5,000	\$5,000	\$6,000	\$6,000
Individual Out of Pocket Maximum A	per Calendar Year \$6,000	per Calendar Year \$12,000	per Calendar Year \$5,000	per Calendar Year \$10,000	per Calendar Year \$6,000	per Calendar Year \$12,000
Family Out of Pocket Maximum A	per Calendar Year \$6,000	per Calendar Year \$12,000	per Calendar Year \$5,000	per Calendar Year \$10,000	per Calendar Year \$6,000	per Calendar Year \$12,000
Coinsurance Percentage	10%	30%	0%	30%	0%	30%
PHYSICIAN SERVICES						
Primary Care Visit	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Specialist Visit	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Preventive Benefits	No charge	No charge	No charge	No charge	No charge	No charge
HOSPITAL/SURGICAL SERVICES						
Inpatient	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Outpatient	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Ambulatory Surgical Facility	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
PHYSICIAN SURGICAL SERVICES						
Inpatient / Outpatient	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Ambulatory Surgical Facility	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Anesthesia	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
EMERGENCY SERVICES						
Emergency Room - Waived if admitted	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Urgent Care Facility	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Ground Ambulance	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
DIAGNOSTIC SERVICES						
Routine Lab	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Routine X-ray	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Advanced Imaging (MRI,CAT,PET, MRA)	After your CYD You pay 10%	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%	After your CYD You pay \$0	After your CYD You pay 30%
Preventive Benefits	No charge	No charge	No charge	No charge	No charge	No charge
PHARMACY/CO-PAYS						
Prescriptions	Tier-2 1.0% ⇄ Tier-3 1.0% ⇄ Tier-4 1.0%	Tier-1 1.0%	Tier-1 \$0	Tier-2 \$0 ⇄ Tier-3 \$0 ⇄ Tier-4 \$0	Tier-1 \$0	Tier-2 \$0 ⇄ Tier-3 \$0 ⇄ Tier-4 \$0
PREMIUMS						
31 Employee & Retirees	\$560.74	\$560.74	\$534.67	\$534.67	\$488.31	\$488.31
10 Employee + One Dependent	\$1,177.56	\$1,177.56	\$1,122.80	\$1,122.80	\$1,025.44	\$1,025.44
6 Employee + Family	\$1,682.23	\$1,682.23	\$1,604.00	\$1,604.00	\$1,464.92	\$1,464.92
4 Retirees	\$560.74	\$560.74	\$534.67	\$534.67	\$488.31	\$488.31
Estimated Monthly Plan Total	\$41,494.88	\$41,494.88	\$39,565.45	\$39,565.45	\$36,127.72	\$36,127.72
Estimated Annual Plan Total	\$497,938.56	\$497,938.56	\$474,785.40	\$474,785.40	\$433,532.64	\$433,532.64

A - Out of Pocket Maximum Includes Deductible, Coinsurance and Copayments