

# HEALTH INSURANCE

Current Premiums	Health	City Pays	Emp Pays	Current Coverage
Anderson	\$ 582.00	\$ 485.40	\$ 96.60	Deductible \$1,500 / \$4,500
Dietz	\$ 573.00	\$ 515.70	\$ 57.30	Coinsurance 20% / 50%
Dunse				OOP Max (Ded + Co) \$2,500 / \$9,500
Lingg				Office Call Copay \$40 / NA
Pfeil	\$ 837.00	\$ 710.40	\$ 126.60	Urgent Care Copay \$80 / NA
Richards				ER Copay \$100 + Ded
Schluterbusch				Rx \$10 / \$25 / \$50
Waring	\$ 1,325.00	\$ 1,131.90	\$ 193.10	Maternity Yes
Wilson				
<b>TOTAL</b>	<b>\$ 3,317.00</b>	<b>\$ 2,843.40</b>	<b>\$ 473.60</b>	

## BC/BS Option 6

Increase of 17%

	Emp	Spouse	Total
Anderson (w/ maternity)	\$ 436.19	\$ 216.35	\$ 652.54
Dietz	\$ 622.41		\$ 622.41
Pfeil	\$ 473.03	\$ 533.03	\$ 1,006.06
Waring	\$ 821.58	\$ 784.24	\$ 1,605.82
<b>TOTAL</b>	<b>\$ 2,353.21</b>	<b>\$ 1,533.62</b>	<b>\$ 3,886.83</b>
minus 10% employee cont	\$ 235.32		
minus 20% dependent cont		\$ 306.74	
<b>TOTAL COST TO CITY.....</b>			<b>\$ 3,344.77</b>

## In / Out Network

Ded - Single	\$1,250 / \$2,500
Ded - Family	\$2,500 / \$5,000
Coinsurance	20% / 40%
Coins Limit - Single	\$3,000 / \$9,000
Coins Limit - Fam	\$6,000 / \$18,000
Total Benefit	\$10,000,000
Rx Drug Coverage	<i>Generic</i> \$10.00 <i>Brand Formulary</i> 25% (\$30 min, \$45 max) <i>Brand Non-Formulary</i> 50% (\$50 min, \$75 max) <i>Specialty Network Drug</i> \$80.00 <i>Mail order</i> 90 day supply for 3 copays
Physician Office	\$40 copay
Specialist	\$60 copay
Urgent Care	\$60 copay
ER	\$150 copay
Ambulance	\$150 copay

**BC/BS Option 7**

**Increase of 11.7%**

	<b>Emp</b>	<b>Spouse</b>	<b>Total</b>
Anderson (w/ maternity)	\$ 416.48	\$ 206.58	\$ 623.06
Dietz	\$ 594.20		\$ 594.00
Pfeil	\$ 451.66	\$ 508.95	\$ 960.61
Waring	\$ 784.47	\$ 748.81	\$ 1,533.28
<b>TOTAL</b>	<b>\$ 2,246.90</b>	<b>\$ 1,464.34</b>	<b>\$ 3,711.24</b>
minus 10% employee cont	\$ (224.69)		
minus 20% dependent cont		\$ (292.87)	
<b>TOTAL COST TO CITY.....</b>			<b>\$ 3,193.68</b>

	<b>In / Out Network</b>
Ded - Single	\$1,500 / \$3,000
Ded - Family	\$3,000 / \$6,000
Coinsurance	30% / 50%
Coins Limit - Single	\$3,000 / \$9,000
Coins Limit - Fam	\$6,000 / \$18,000
Total Benefit	\$10,000,000
Rx Drug Coverage	Generic \$10.00 Brand Formulary 25% (\$30 min, \$45 max) Brand Non-Formulary 50% (\$50 min, \$75 max) Specialty Network Drug \$80.00 Mail order 90 day supply for 3 copays
Physician Office	\$40 copay
Specialist	\$60 copay
Urgent Care	\$60 copay
ER	\$150 copay
Ambulance	\$150 copay

**BC/BS Option 11 (HSA ELIGIBLE)**

**Increase of 11.3%**

	<b>Emp</b>	<b>Spouse</b>	<b>Total</b>
Anderson (w/ maternity)	\$ 413.64	\$ 205.17	\$ 618.81
Dietz	\$ 590.23		\$ 590.23
Pfeil	\$ 448.58	\$ 505.48	\$ 954.06
Waring	\$ 779.11	\$ 743.70	\$ 1,522.81
<b>TOTAL</b>	<b>\$ 2,231.56</b>	<b>\$ 1,454.35</b>	<b>\$ 3,685.91</b>
minus 10% employee cont	\$ 223.16		
minus 20% dependent cont		\$ 290.87	
<b>TOTAL COST TO CITY.....</b>			<b>\$ 3,171.88</b>

	<b>In / Out Network</b>
Ded - Single	\$2,000 / \$4,000
Ded - Family	\$4,000 / \$8,000
Coinsurance	0% / 40%
Coins Limit - Single	\$2,000 / \$4,000
Coins Limit - Fam	\$4,000 / \$8,000
Total Benefit	\$10,000,000
Rx Drug Coverage	Generic Deductible Only Brand Formulary Deductible Only Brand Non-Formulary Deductible Only Specialty Network Drug Deductible Only Mail order 90 day supply (subject to deductible)
Physician Office	Deductible Only
Specialist	Deductible Only
Urgent Care	Deductible Only
ER	Deductible Only
Ambulance	Deductible Only

**BC/BS Option 29**

Increase of 18.7%

	<b>Emp</b>	<b>Spouse</b>	<b>Total</b>
Anderson (w/ maternity)	\$ 442.47	\$ 219.47	\$ 661.94
Dietz	\$ 631.38		\$ 631.38
Pfeil	\$ 479.85	\$ 540.71	\$ 1,020.56
Waring	\$ 833.42	\$ 795.54	\$ 1,628.96
<b>TOTAL</b>	<b>\$ 2,387.12</b>	<b>\$ 1,555.72</b>	<b>\$ 3,942.84</b>
minus 10% employee cont	\$ (238.71)		
minus 20% dependent cont		\$ (311.14)	
<b>TOTAL COST TO CITY.....</b>			<b>\$ 3,392.99</b>

**In / Out Network**

Ded - Single	\$1,500 / \$3,000
Ded - Family	\$3,000 / \$6,000
Coinsurance	20% / 40%
Coins Limit - Single	\$1,000 / \$4,000
Coins Limit - Fam	\$2,000 / \$8,000
Total Benefit	\$10,000,000
Rx Drug Coverage	<i>Generic</i> \$10.00
	<i>Brand Formulary</i> \$45.00
	<i>Brand Non-Formulary</i> \$60.00
	<i>Specialty Network Drug</i> \$80.00
	<i>Mail order</i> 90 day supply for 3 copays
Physician Office	\$50
Specialist	\$75
Urgent Care	\$75
ER	\$150
Ambulance	\$150

**BC/BS Option 30**

Increase of 15.2%

	<b>Emp</b>	<b>Spouse</b>	<b>Total</b>
Anderson (w/ maternity)	\$ 428.32	\$ 212.45	\$ 640.77
Dietz	\$ 611.19		\$ 611.19
Pfeil	\$ 464.50	\$ 523.42	\$ 987.92
Waring	\$ 806.77	\$ 770.10	\$ 1,576.87
<b>TOTAL</b>	<b>\$ 2,310.78</b>	<b>\$ 1,505.97</b>	<b>\$ 3,816.75</b>
minus 10% employee cont	\$ (231.08)		
minus 20% dependent cont		\$ (301.19)	
<b>TOTAL COST TO CITY.....</b>			<b>\$ 3,284.48</b>

**In / Out Network**

Ded - Single	\$2,000 / \$4,000
Ded - Family	\$4,000 / \$8,000
Coinsurance	20% / 40%
Coins Limit - Single	\$1,000 / \$4,000
Coins Limit - Fam	\$2,000 / \$8,000
Total Benefit	\$10,000,000
Rx Drug Coverage	<i>Generic</i> \$10.00
	<i>Brand Formulary</i> \$45.00
	<i>Brand Non-Formulary</i> \$60.00
	<i>Specialty Network Drug</i> \$80.00
	<i>Mail order</i> 90 day supply for 3 copays
Physician Office	\$50
Specialist	\$75
Urgent Care	\$75
ER	\$150
Ambulance	\$150

**\*\* All BC/BS plans include the following:**

Preventative care paid at 100% (in-network)

45 combined physical, speech and occupational therapy visits per calendar year

20 chiropractic visits per calendar year

60 skilled nursing facility days per calendar year

\$5,000 home medical equipment calendar year maximum

\$10,000 lifetime drug & alcohol maximum

# LIFE INSURANCE

<b>Current Premiums</b>	<b>Life</b>	<b>\$15,000</b>
Anderson	\$ 2.70	
Dietz	\$ 21.45	
Dunse	\$ 3.60	
Lingg	\$ 19.80	
Pfeil	\$ 16.35	
Richards	\$ 25.20	
Schluterbusch	\$ 15.75	
Waring	\$ 35.25	
Wilson	\$ 11.10	
<b>TOTAL</b>	<b>\$ 151.20</b>	

**Proposed Life/AD&D Premiums by Kim Molzahn**  
**Alma Insurance/Dearborn National \$15,000**

Employees may elect to purchase addtl  
 voluntary group life or AD & D insurance

	<b>Life/AD&amp;D</b>
Anderson	\$ 3.15
Dietz	\$ 21.00
Dunse	\$ 3.15
Lingg	\$ 21.00
Pfeil	\$ 11.70
Richards	\$ 21.00
Schluterbusch	\$ 29.25
Waring	\$ 29.25
Wilson	\$ 21.00
<b>TOTAL</b>	<b>\$ 160.50</b>

**Proposed Life/AD&D Premiums by Rich Knutson**  
**Assurant \$15,000**

	<b>Life/AD&amp;D</b>
individual employee cost unavailable	
<b>TOTAL</b>	<b>\$ 133.05</b>

**Proposed Life/AD&D by Angie Envick**  
**Central Benefits Group / Principal \$15,000**

	<b>Life/AD&amp;D</b>
Life	\$ 77.09
AD&D	\$ 5.27
<b>TOTAL</b>	<b>\$ 82.36</b>

**Angie proposes we add one more employee (possibly Brittney Nurnberg) to the group plan for \$15,000 so employees have the ability to purchase additional voluntary life insurance. Principal needs 10 employees in order to offer this.**

# DENTAL / VISION

## Current Dental - Ameritas

Type 1 (preventative)	100%
deductible	\$0.00
Type 2 (basic)	80%
deductible	\$ 50.00
Type 3 (major procedures)	50%
deductible	\$ 50.00
Orthodontia (child up to age 19)	50%
deductible	\$0.00
Maximum (calendar yr per person)	\$ 1,000.00
Orthodontia (child only) - lifetime max	\$ 1,000.00
<b>TOTAL PREMIUM PER MONTH</b>	<b>\$246.60</b>

## Current Vision - Ameritas/VSP

Annual Comprehensive Exam	\$10 copay
Max benefit paid after copay (if PPO)	100%
Lenses/Frames	\$25 copay
Lenses paid 100% after copay	
Contacts (necessary) paid 100% after copay	
Frames-every 24 months (\$120 plus 20% discount for charges in excess of \$120)	
<b>TOTAL PREMIUM PER MONTH</b>	<b>\$98.64</b>

## Proposed Dental by Rich Knutson Ameritas Pearl Step-Up II Plan

Type 1 (preventative)	100%
deductible	\$0
Type 2 (basic)	80%
deductible	\$ 50.00
Type 3 (major)	50%
deductible	\$ 50.00
12 month elimination period	
Orthodontia	N/A
Endo/Perio	50%
Annual Max	\$ 1,000.00
<b>TOTAL PREMIUM PER MONTH</b>	<b>\$ 271.49</b>

## Proposed Vision by Rich Knutson VSP Network

One eye exam per calendar year covered at 100%
20% discount on glasses and lens
15% discount on professional services for contacts
<b>TOTAL PREMIUM INCLUDED IN DENTAL PLAN</b>

**Proposed Dental by Angie Envick****Central Benefits Group/Principal Dental Plan**

Type 1 (preventative)	100%
deductible	\$0
Type 2 (basic)	80%
deductible	\$ 50.00
Type 3 (major)	50%
deductible	\$ 50.00
<b>TOTAL PREMIUM PER MONTH</b>	<b>\$ 286.65</b>

**Proposed Vision by Angie Envick****Central Benefits Group - Principal (VSP)**

Routine exam at \$40 every 12 months and

**ONE** of the following:

- 1) set of frames each 24 months and two lenses each 12 months **or**
- 2) two contact lenses (one pair) - maximum payment equal to maximum payment for single vision lenses plus frames

<b>Exams</b>	\$40 (one each 12 months)
<b>Frames/Lenses</b>	Frames \$100 (one set each 24 months)
	Lenses: two lenses (one pair) each 12 months
	\$50 single vision, \$75 bifocal, \$100 trifocal, \$150 lenticular
<b>Contacts</b>	\$150
<b>TOTAL PREMIUM PER MONTH</b>	<b>\$ 80.10</b>