

2013-16 MEDICAL/DENTAL PLAN CHANGES Valley Transit

Types of Coverage	\$250 Deductible Plan		\$500 Deductible Plan		HRA Plan		HSA Plan	
	Network Benefits/Copayment Amounts	Non-Network Benefits/Copayment Amounts	Network Benefits/Copayment Amounts	Non-Network Benefits/Copayment Amounts	Network Benefits/Copayment Amounts	Non-Network Benefits/Copayment Amounts	Network Benefits/Copayment Amounts	Non-Network Benefits/Copayment Amounts
Annual Deductible In and Out-of-Network deductibles are tracked separate, they do not aggregate (pppy – per covered person per year)	\$250 pppy, not to exceed \$500 for all covered persons in a family	\$500 pppy, not to exceed \$1,100 for all covered persons in a family	\$500 pppy, not to exceed \$2,000 for all covered persons in a family	\$1,000 pppy, not to exceed \$2,000 for all covered persons in a family	\$2,000 pppy, not to exceed \$4,000 for all covered persons in a family	\$2,000 pppy, not to exceed \$4,000 for all covered persons in a family	\$1,500 single; \$3,000 family	\$2,500 single; \$5,000 family
Out-of-Pocket Maximum (pppy – per covered person per year) *=pppy means per person per year	\$750 pppy, not to exceed \$1,500 for all covered persons in a family	\$1,600 pppy, not to exceed \$2,700 for all covered persons in a family	\$1,000 pppy, not to exceed \$2,000 for all covered persons in a family	\$2,100 pppy, not to exceed \$4,000 for all covered persons in a family	\$5,000 pppy, not to exceed \$10,000 for all covered persons in a family	\$5,000 pppy, not to exceed \$10,000 for all covered persons in a family	\$3,000 single; \$6,000 family	\$5,000 single; \$10,000 family
HRA/HSA - City of Appleton Funding	N/A	N/A	N/A	N/A	Annual – S- \$500 F- \$1,000 Max cap: S - \$2,000 F- \$4,000		Annual Single - \$500, Family \$1,000	
Monthly Rates Employee Contribution Employee Contribution:	2013 Rates S- \$568.00 F-\$1498.00 Employee: 15% 2014 Eliminate Plan	2013 Rates S- \$541.39 F-\$1431.37 Employee: 5% 2014 Employee: 10% 2015 Employee: 15% 2016 Employee: 20% 12/31/2016 Eliminate plan	2013 Rates S- \$496.51 F-\$1342.56 Employee: \$0 2014 Employee: 5% 2015 Employee: 10% 2016 Employee: 15%	2013 Rates S- \$394.40 F- \$1013.44 (Not offered) 2014 Employee: \$0 2015 Employee: 5% 2016 Employee: 10%				
Prescription Drugs		No change	No change	No change	No change		All chronic condition drugs on UHC Core List will be paid at 100%. All other drugs not on list will be subject to deductible. After deductible is satisfied, the 3 tier copay system will apply.	
					Eligibility Change Article 26.4 Effective 12/31/13 Benefits will only be offered to employees who are employed in a benefited position working 30+ hours a week. The City will grandfather any existing benefited part time employee working less the 30 hrs. So if employee is currently taking insurance they will continue to be eligible to do so. If not, then they will no longer have the ability to enroll in the City's plan.			

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			Retiree Insurance Change Article 26.5 Effective 1/1/14 Retirees will be offered a group plan, but not necessarily the same plan as active employees.					
			Coordination of Benefits part of SPD (not contract language) <i>Effective 1/1/14</i> Normal liability for all medical claims. This means that if you have other insurance as primary, when it comes to the City plan the claim will be processed differently. If the primary plan processes and pays 90% and our plan processes and would have paid 90%, our plan will not pay anything more since 90% has already been paid.					
			Dental Insurance – Current Plan Design (no change) 1/1/14: Employee Contribution: \$10/F & \$5/S per month 1/1/15: Employee Contribution: \$20/F & \$10/S per month					

2015 MEDICAL PLANS

	\$1,000 Deductible Plan		\$1,500/\$3,000 Deductible Plan	
Types of Coverage	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts	Network Benefits/ Copayment Amounts	Non-Network Benefits/ Copayment Amounts
Annual Deductible				
Individual	\$1,000	\$2,000	\$1,500	\$2,500
Family	\$2,000	\$4,000	\$3,000	\$5,000
Out-of-Pocket Maximum (includes the deductible)				
Individual	\$3,100 \$2,000	\$6,200 \$5,000	\$3,000	\$5,000
Family	\$6,200 \$4,000	\$12,400 \$10,000	\$6,000	\$10,000
	All medical & RX copays apply to OOP max			
Lifetime Maximum	None	None	None	None
Coinsurance	10%	30%	10%	30%
Doctor Office Visits	\$25 copay per visit	30% after deductible	10% after deductible	30% after deductible
Inpatient Hospital	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency Room Care	\$50 copay per visit	30% after deductible	10% after deductible	30% after deductible
Outpatient Diagnostic Services	100%	30% after deductible	10% after deductible	30% after deductible
CT scans, MRI, PET scans and Nuclear Medicine	\$50 copay per test	30% after deductible	10% after deductible	30% after deductible
Preventive Care	100%	30% after deductible	100%	30% after deductible
Prescription Drug Coverage	31 Day Supply Retail Tier 1 \$10 copay Tier 2 \$25 copay Tier 3 \$40 copay		All drugs will apply to the deductible. Once satisfied, the 3 tier copays will apply. Any drugs listed on UHC Chronic Conditions listing will be considered preventive and covered at 100%	RX Preventive drug listing for 2015 is located on the city's website as referenced on page 15
Health Reimbursement Account (HRA)	2015: single - \$125, family - \$250 2015: single - \$500, family - \$1,000 Max cap: single - \$2,000, family - \$4,000 Max cap: single - \$2,000, family - \$4,000			
Health Savings Account (H.S.A.)			2015: single - \$500; family - \$1,000 IRS maximums \$3,350 single; \$6,650 family	
Employee Monthly Contribution	2015 - 15% 10% Single = \$78.40 per mo \$55.65 per mo Family = \$211.79 per mo \$151.36 per mo		2015 - 0% 2015 - 5% Single = \$20.82 per mo Family = \$53.48 per mo 2016 - 10%	

*Preventive Care Services coverage is based upon the submitted Provider coding and subject to IRS guidelines. If a diagnosis code (i.e. diabetes, high blood pressure, high cholesterol) is attached to your Preventive Care Service charges, eligible services will be subject to deductible and coinsurance.

This constitutes only a summary of the health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions.