

City of Racine

Renewal Options

Effective: 1/1/2015

DUAL CHOICE OPTION - 10/5% Contribution
Employee can buy down if desired

ONLY OPTION for active and retired Police Officers and Firefighters hired on or before June 30, 2011

City of Racine 06A - Current				Plan (06A)		Plan (07A)		Plan (08A)	
Rates Illustrated are for 06A; Annual Totals Include 02A and 03A Lives and Premiums				Estimated Premium		Estimated Premium		Estimated Premium	
Count 06A	Count 02A/03a	Monthly Premium							
179	304	Single	\$ 599.68	\$599.68	\$659.65	\$519.32		\$477.35	
496	618	Family	\$ 1,583.69	\$1,583.69	\$1,742.06	\$1,371.48		\$1,260.62	
Annual Cost				\$24,925,117	\$27,111,189	\$21,343,923		\$19,618,689	
Employee Contribution (Monthly)				Employee pays 10%		Employee Pays 5%		Employee pays 10%	
Single				\$65.97		\$25.97		\$47.74	
Family				\$174.21		\$68.57		\$126.06	
City Cost (Monthly)				City Pays 90%		City Pays 95%		City Pays 90%	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual		\$400	\$800	\$400	\$800	\$2,000	\$4,000	\$6,450	\$10,000
Family		\$800	\$1,600	\$800	\$1,600	\$4,000	\$8,000	\$12,900	\$20,000
Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited	
Coinsurance		80%	60%	80%	60%	100%	80%	100%	80%
Out of Pocket (Medical Only except Plan (08A))		Does not include deductible		Does not include deductible		Does not include deductible		Does not include deductible	
Individual		\$2,600	\$3,200	\$2,600	\$3,200	\$2,000	\$4,000	\$6,450	\$12,900
Family		\$5,200	\$6,400	\$5,200	\$6,400	\$4,000	\$8,000	\$12,900	\$25,800
* Maximum Out-of-Pocket (MOOP) <i>Includes coinsurance, copays, deductible</i>		Deductible Included		Deductible Included		Deductible Included		Deductible Included	
Individual		\$3,000	\$4,000	\$3,000	\$4,000	\$3,000	\$8,000	\$6,450	\$12,900
Family		\$6,000	\$8,000	\$6,000	\$8,000	\$6,000	\$16,000	\$12,900	\$25,800
Emergency Room Copayment		\$150, waived if admitted		\$150, waived if admitted		\$250, waived if admitted		None	
Prescription Drugs - Retail (34 Day)		80% / 20% Generic & Brand (no generic equivalent) Specialty - plus cost difference (if generic equivalent available)		80% / 20% Generic & Brand (no generic equivalent) Specialty - plus cost difference (if generic equivalent available)		80% / 20% Generic & Brand (no generic equivalent) Specialty - plus cost difference (if generic equivalent available)		Plan pays 100% after the deductible is met	
Rx Non-Integrated Maximum Out of Pocket									
Individual				\$3,450		\$3,450		Must Build for Integrated as H.S.A. compatible plan	
Family				\$7,700		\$7,700			

***In/Out of network deductible and coinsurance will cross apply on plans 06A and 07A.**

***MOOP includes copayments for ER.**

Out-of-Pocket limits above were already adjusted for copayments. No additional increases due to ACA will apply.