

# City of Racine

January 1, 2020 Medicare

	Current Plan		Renewal		Revised Renewal		Option 1		Option 2	
	UHC		UHC		UHC		Humana		Anthem	
Per Member Per Month (Post 65)	693	\$339.89	\$370.25	\$299.10	\$302.31	\$322.85				
1st Year Estimated Monthly Premium		\$235,544	\$256,583	\$207,276	\$209,501	\$223,735				
<b>1st Year Annual Premium</b>		<b>\$2,826,525.24</b>	<b>\$3,078,999.00</b>	<b>\$2,487,315.60</b>	<b>\$2,514,009.96</b>	<b>\$2,684,820.60</b>				
2nd Year Per Member Per Month (Post 65)	693	NA	NA	\$319.29	\$323.39	\$322.85				
2nd Year Estimated Monthly Premium		NA	NA	\$221,267.97	\$224,109.27	\$223,735.05				
<b>2nd Year Annual Premium</b>		<b>NA</b>	<b>NA</b>	<b>\$2,655,215.64</b>	<b>\$2,689,311.24</b>	<b>\$2,684,820.60</b>				
<b>% Change from Current</b>			<b>9%</b>	<b>-12%</b>	<b>-11%</b>	<b>-5%</b>				
<b>2nd Year % Change from Current</b>			<b>NA</b>	<b>-6%</b>	<b>-5%</b>	<b>NA</b>				
Individual Deductible		\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400
Out-of-Pocket Maximum		\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400
Inpatient Hospitalization		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay per admission	\$0 Copay				
Skilled Nursing Facility		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay (days 1-100)	\$0 Copay (days 1-100)				
Physician Office Visits		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Specialist Office Visits		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Outpatient Surgery		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Ambulance		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Emergency Room		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Urgent Care		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Inpatient Hospitalization		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Outpatient Surgery		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay				
Prescription Drugs - Retail										
Level 1		20%	20%	20%	20%	20%				
Level 2		20%	20%	20%	20%	20%				
Level 3		20%	20%	20%	20%	20%				
Specialty		20%	20%	20%	20%	20%				
		No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$5,000, then member pays the greater of 5% or \$3.35 for generic, 5% or \$8.35 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs	No Coverage Gap; Catastrophic Coverage: Once Rx out of pocket costs reach \$6,350, then member pays the greater of 5% or \$3.60 for generic, 5% or \$8.95 for all other drugs
ACA Fees			Includes \$34.25 ACA Fee	Includes \$32.44 ACA Fee 1st year; 2nd year ACA fee decreases to \$20.19	Includes \$30.64 ACA Fee; 2nd year ACA fee increases to \$33.07	Includes ACA Fee; Medical rate guaranteed for 24 months. Rx rate of \$216.86 subject to change.				

This proposal is based off the information provided by you and is intended to be illustrative of the proposal provided by the carrier. Final rates are determined by the carrier after the carrier completes the underwriting and final enrollment process. Rates quoted are not guaranteed and may change subject to updated claim information, changes to the census & enrollment decisions. If there is a discrepancy between the rates provided in this proposal and the rates provided by the carrier, the carrier's final rates will govern. Additional coverage may be available. All efforts have been made to ensure the information in this proposal is accurate; however no warranty of complete accuracy is guaranteed.

