

City of Crossville

	FY 12-13 Network S Blue Cross	FY 13-14 Network S Blue Cross	FY 12-13 Network P Blue Cross	FY 13-13 Network P Blue Cross
Health Insurance				
1. Calendar Year Deductible	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
	<small>Family 2X</small>	<small>Family 2X</small>	<small>Family 2X</small>	<small>Family 2X</small>
2. Co-Insurance (we pay - you pay)				
80-20% of the Next	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
100 - 0% of the Balance	\$0.00	\$0.00	\$0.00	\$0.00
3. Manage Care Network	Network S	Network S	Network S	Network S
4. Per Person Per Year Stop Loss	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
	<small>Family 2X</small>	<small>Family 2X</small>	<small>Family 2X</small>	<small>Family 2X</small>
5. Office Visit Co-Pay	\$35.00	\$35.00	\$35.00	\$35.00
Specialist Office Visit Co-Pay	\$50.00	\$50.00	\$50.00	\$50.00
6. Out Patient Surgery	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
7. Drug Card "Co-Pay"	\$7-\$45-\$70	\$7-\$45-\$70	\$7-\$45-\$70	\$7-\$45-\$70
8. ER "Co-Pay"	\$250.00	\$250.00	\$250.00	\$250.00
9. Vision	Included	Included	Included	Included
Estimated Monthly Cost				
Health				
Employee	\$372.36	\$407.68	\$416.67	\$457.47
Employee/Spouse	\$781.26	\$855.43	\$874.73	\$960.00
Employee/Children)	\$680.89	\$745.54	\$762.35	\$836.65
Family	\$1,128.83	\$1,236.03	\$1,263.93	\$1,387.14
Estimated Monthly Cost	\$110,218.88	\$120,681.14	\$123,386.21	\$135,107.90
% Rate Increase		9.5%		9.5%

**Note: Currently only three (3) employees are in the P Network.
Two of the 3 have employee spouse and pay the difference
One employee has employee coverage on the P network**