City of Crossville

Health Insurance 1. Calendar Year Deductible \$2,500.00		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
2. Co-Insurance (we pay - you pay) 80-20% of the Next 80-20% of the Next 100 - 0% of the Balance 80.00	Health Insurance				
2. Co-Insurance (we pay - you pay) 80-20% of the Next 100 - 0% of the Balance \$0.00 \$2,500.00 \$0	 Calendar Year Deductible 	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
80-20% of the Next 100 - 0% of the Balance \$2,500.00 \$2,500.00 \$0.00 \$2,500.00 \$0.00 \$2,500.00 \$0.00 \$2,500.00 \$0.00 \$0.0		Family 2X	Family 2X	Family 2X	Family 2X
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 5. Office Visit Co-Pay \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 Specialist Office Visit Co-Pay \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 6. Out Patient Surgery Ded/Coin 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 <t< td=""><td></td><td>^</td><td></td><td></td><td>*</td></t<>		^			*
3. Manage Care Network Network S Pamily 2X Pamily 2X Pamily 2X Network S Pamily 2X Pamily 2X Pamily 2X Pamily 2X Pamily 2X Network S Pamily 2X Pamily 2X Pamily 2X Network S Network S Network S Network S Network S Pamily 2X		• •		* *	
4. Per Person Per Year Stop Loss \$3,000.00 \$3,000.00 \$3,000.00 \$3,000.00 \$50.00	100 - 0% of the Balance	\$0.00	\$0.00	\$0.00	\$0.00
5. Office Visit Co-Pay Specialist Office Visit Co-Pay \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 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 8. ER "Co-Pay" \$250.00 \$250.00 \$250.00 9. Vision 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	3. Manage Care Network	Network S	Network S	Network S	Network S
5. Office Visit Co-Pay Specialist Office Visit Co-Pay \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$35.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$60.00	4. Per Person Per Year Stop Loss	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
Specialist Office Visit Co-Pay \$50.00 \$50.00 \$50.00 6. Out Patient Surgery Ded/Coin Ded/Coin Ded/Coin 7. Drug Card "Co-Pay" \$7-\$45-\$70 \$7-\$45-\$70 \$7-\$45-\$70 8. ER "Co-Pay" \$250.00 \$250.00 \$250.00 9. Vision 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		Family 2X	Family 2X	Family 2X	Family 2X
6. Out Patient Surgery Ded/Coin 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 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	Office Visit Co-Pay	\$35.00	\$35.00	\$35.00	\$35.00
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 9. Vision Included 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	Specialist Office Visit Co-Pay	\$50.00	\$50.00	\$50.00	\$50.00
8. ER "Co-Pay" \$250.00 \$250.00 \$250.00 \$250.00 9. Vision Included 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	6. Out Patient Surgery	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
9. Vision Included 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	7. Drug Card "Co-Pay"	\$7-\$45-\$70	\$7-\$45-\$70	\$7-\$45-\$70	\$7-\$45-\$70
Estimated Monthly Cost Health \$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	8. ER "Co-Pay"	\$250.00	\$250.00	\$250.00	\$250.00
Health \$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	9. Vision	Included	Included	Included	Included
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					
Employee/Children) \$680.89 \$745.54 \$762.35 \$836.65 Family \$1,128.83 \$1,236.03 \$1,263.93 \$1,387.14	Employee	\$372.36	\$407.68	\$416.67	\$457.47
Family \$1,128.83 \$1,236.03 \$1,263.93 \$1,387.14	Employee/Spouse	\$781.26	\$855.43	\$874.73	\$960.00
	Employee/Children)	\$680.89	\$745.54	\$762.35	\$836.65
Estimated Monthly Cost \$110.218.88 \$120.681.14 \$123.386.21 \$135.107.90	Family	\$1,128.83	\$1,236.03	\$1,263.93	\$1,387.14
Laumaigu womin oca:	Estimated Monthly Cost	\$110 218 88	\$120 681 1 <i>4</i>	\$122 386 21	\$135 107 00
% Rate Increase 9.5% 9.5%	<u> </u>	Ψ110,210.00		ψ120,000.21	

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