

**2013 - City of Ramsey  
LOGIS Medical Plans**

*The information contained herein is subject to the disclosure and disclaimers and the final page of this illustration*

Carrier:	BCBSMN	BCBSMN	BCBSMN	BCBSM
Plan	\$30 Copay Plan	\$1500 HRA	\$2500 HRA	\$4000 HRA
Network/RX Formulary	Flex Rx	Aware/Flex Rx	Flex Rx	Flex Rx
<b>In-Network Plan Design Features</b>				
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Maximum	N/A	N/A	N/A	N/A
Deductible CY	None	\$1,500/person; \$3,000/family	\$2,500/person; \$5,000/family	\$4,000/person; \$8,000/family
Coinsurance	100/0%	100/0%	100% after deductible	100% after deductible
Medical Out-of-Pocket Maximum (includes Medical & Rx)	\$1,200/person; \$5,000/family	\$2,250/person; \$4,500/family	\$2,500/person; \$5,000/family	\$4,000/person; \$8,000/family
Preventive Care	100/0%	100% coverage	100% coverage	100% (deductible waived)
Office Visit/Urgent Care	\$30 copay	100% after deductible	100% after deductible	100/0% after deductible
Convenience/Retail Care Clinic	100% (copay waived)	100% after deductible	100% after deductible	100/0% after deductible
Lab & Pathology	100/0%	100% after deductible	100% after deductible	100/0% after deductible
X-ray & Other Imaging	100/0%	100% after deductible	100% after deductible	100/0% after deductible
Inpatient Hospitalization	100/0%	100% after deductible	100% after deductible	100/0% after deductible
Outpatient Hospitalization	100/0%	100% after deductible	100% after deductible	100/0% after deductible
Emergency Room Facility	\$75 copay	100% after deductible	100% after deductible	100/0% after deductible
Emergency Room Physician	100% after copay above	100% after deductible	100% after deductible	100/0% after deductible
Prescription Drugs (Rx)	Open formulary with a mandatory generic	Open formulary with a mandatory generic	Open formulary with a mandatory generic	Open formulary with a mandatory generic
Rx Out-of-Pocket Maximum	N/A	N/A	N/A	N/A
Generic/Brand/Non-Formulary	80/20% with a min/max copay of \$10/\$25 per script	80/20% with a min/max copay of \$10/\$25 per script	80/20% with a min/max copay of \$10/\$25 per script	80/20% with a min/max copay of \$10/\$25 per script
Specialty	80/20% - capped at \$200 per script per month	80/20% - capped at \$200 per script per month	80/20% - capped at \$200 per script per month	80/20% - capped at \$200 per script per month
Mail Order	80/20% with a min/max copay of \$20/\$50 per script	80/20% with a min/max copay of \$20/\$50 per script	80/20% with a min/max copay of \$20/\$50 per script	80/20% with a min/max copay of \$20/\$50 per script
<b>Out-of-Network Plan Design Features</b>				
Deductible	\$300/person; \$600/family	\$3,000/person; \$6,000/family	\$4,000/person; \$8,000/family	\$6,000/person; \$12,000/family
Out-of-Pocket Maximum (includes medical and rx)	\$4,000/person; \$8,000/family	\$5,000/person; \$10,000/family	\$7,000/person; \$14,000/family	\$9,000/person; \$18,000/family
Coinsurance	75/25%	75/25%	65/35%	75/25%
<b>Blue Cross Blue Shield Aware Rates</b>				
Employee Only	\$890.00	\$755.00	\$696.00	\$613.50
Employee + Spouse	\$1,870.00	\$1,586.50	\$1,462.00	\$1,289.00
Employee + Children	\$1,781.00	\$1,511.00	\$1,392.00	\$1,227.50
Family	\$2,315.50	\$1,964.00	\$1,810.50	\$1,596.00
<b>Blue Cross Blue Shield Accord Rates</b>				
Employee Only	\$858.00	\$728.00	\$671.00	\$591.50
Employee + Spouse	\$1,802.00	\$1,529.50	\$1,409.00	\$1,242.50
Employee + Children	\$1,716.50	\$1,456.00	\$1,341.50	\$1,183.00
Family	\$2,232.00	\$1,893.50	\$1,744.50	\$1,538.50

**Aware Network - Open Access**

Accord network is a subset of the Aware network that excludes a small number of high-cost providers. Currently the Accord network excludes the following as in network providers: Mayo Clinic Providers and Hazelden Providers.

Members who receive services at these "out of network" providers will still receive hold-harmless benefits

Rate Guarantees: 2013 = 8.5%, 2014= 9.5%, 2015 = 10.5% & 2016 = 11.5%. Regulatory mandated changes can impact rate caps.

*This analysis is an outline of the coverage proposed by the carrier's), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.*