

2016 City of Ramsey Plan Choices

Aware and Accord Plan Choices

Carrier:	BCBSMN	BCBSMN	BCBSM
Plan	\$1500 HDHP.HRA	\$2500 HDHP.HRA	\$4000 HDHP.HRA
Network/RX Formulary	Flex Rx	Flex Rx	Flex Rx
In-Network Plan Design Features			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual Maximum	N/A	N/A	N/A
Deductible CY	\$1,500/person \$3,000/family	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family
Coinsurance	100/0%	100/0%	100/0%
Medical Out-of-Pocket Maximum (includes Medical & Rx)	\$2,250/person \$4,500/family	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family
Preventive Care	100% coverage	100% coverage	100% coverage
Office Visit/Urgent Care	100% after deductible	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% after deductible	100% after deductible	100% after deductible
Lab & Pathology	100% after deductible	100% after deductible	100% after deductible
X-ray & Other Imaging	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospitalization	100% after deductible	100% after deductible	100% after deductible
Outpatient Hospitalization	100% after deductible	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible	100% after deductible
Emergency Room Physician	100% after deductible	100% after deductible	100% after deductible
Prescription Drugs (Rx)	<i>Open formulary with a mandatory generic</i>	<i>Open formulary with a mandatory generic</i>	<i>Open formulary with a mandatory generic</i>
Rx Out-of-Pocket Maximum	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
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
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
Blue Cross Blue Shield Aware Rates			
Employee Only	\$1,055.50	\$973.00	\$857.50
Employee + Spouse	\$2,216.00	\$2,042.50	\$1,801.00
Employee + Children	\$2,111.00	\$1,944.50	\$1,715.00
Family	\$2,742.50	\$2,529.00	\$2,229.50
Blue Cross Blue Shield Accord Rates			
Employee Only	\$1,017.50	\$938.00	\$827.00
Employee + Spouse	\$2,136.50	\$1,968.00	\$1,736.50
Employee + Children	\$2,033.50	\$1,874.00	\$1,653.50
Family	\$2,645.00	\$2,436.50	\$2,149.00

Network Definitions:

Aware Network - Open Access

Accord network - 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 Health Systems in its entirety; Hazelden Providers. Members who receive services at these "out-of-network" providers will still receive hold-harmless benefits.

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.

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BluePrint Plan Choices - Allina Network

Carrier:	BCBSMN	BCBSM
Plan	\$2500 HDHP.HRA	\$4000 HDHP.HRA
Network/RX Formulary	Flex Rx	
In-Network Plan Design Features		
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum	N/A	N/A
Deductible CY	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family
Coinsurance	100/0%	100/0%
Medical Out-of-Pocket Maximum (includes Medical & Rx) - <i>The out-of-pocket maximums for in and out-of-networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum</i>	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family
Preventive Care	100% (deductible waived)	100% (deductible waived)
Office Visit	Primary Care or Specialist visits due to illness or injury 100% after deductible - First two office visits in calendar year -100%	Primary Care or Specialist visits due to illness or injury 100% after deductible - First two office visits in calendar year -100%
Urgent Care (clinic based)	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% after deductible	100% after deductible
Lab & Pathology	100% after deductible	100% after deductible
X-ray & Other Imaging	100% after deductible	100% after deductible
Inpatient Hospitalization	100% after deductible	100% after deductible
Outpatient Hospitalization	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible
Emergency Room Physician	100% after deductible	100% after deductible
Prescription Drugs (Rx)	<i>Formulary with a mandatory generic</i>	<i>Open formulary with a mandatory generic</i>
Rx Out-of-Pocket Maximum	N/A	N/A
Generic/Brand/Non-Formulary	Allina Pharmacy: Generic = \$9 copay, Brand = \$36 Copay Network Pharmacy: Generic = \$10 Copay, Brand = \$40 Copay	Allina Pharmacy: Generic = \$9 copay, Brand = \$36 Copay Network Pharmacy: Generic = \$10 Copay, Brand = \$40 Copay
Specialty	Allina Pharmacy: Generic = \$9 copay, Brand = \$36 Copay Network Pharmacy: Generic = \$10 Copay, Brand = \$40 Copay	Allina Pharmacy: Generic = \$9 copay, Brand = \$36 Copay Network Pharmacy: Generic = \$10 Copay, Brand = \$40 Copay
Mail Order	Allina Pharmacy: Generic = \$18 copay, Brand = \$72 Copay Network Pharmacy: No Coverage	Allina Pharmacy: Generic = \$18 copay, Brand = \$72 Copay Network Pharmacy: No Coverage
Blue Cross Blue Shield BluePrint Rates		
Employee only	\$881.00	\$763.00
Employee + Spouse	\$1,849.50	\$1,603.00
Employee + Children	\$1,761.00	\$1,526.50
Family	\$2,289.00	\$1,984.50

BluePrint plans include Chronic Condition Management Coverage, Resiliency Training, Nutritional Counseling Medication Therapy Management services see the benefit summary for more details on those benefits

Network Definitions:

BluePrint - Allina Health Network in MN (Blue Card PPO outside of MN)

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City of Ramsey GBS Disclosures

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

LEGAL NOTICE: The intent of this report is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

COVERAGE NOTICE: 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.

FINANCIAL RATING NOTICE: While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of any insurer's current or future ability to meet its contractual obligations.

9/16/2015
