

Are you wondering which health plan to choose?

COST LEVEL 1 and 2 (Maximum out of pocket is the same on both Cost Levels)

The City of Bloomington offers several health plans designs, networks and cost levels (deductibles). The following table compares maximum out-of-pocket expenses and premiums to assist in determining the maximum annual cost under each of the various plan options.

Of course cost is not the only factor to consider when selecting a health plan. Employees are free to choose whichever plan best meets their needs.

| EMPLOYEE-ONLY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|--------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 0 | \$611 |
| Maximum Out-of-Pocket Costs* | \$3,000 | \$3,850 | \$2,750 |
| City Contribution to HRA or HSA | -\$2,400 | \$0 | \$0 |
| Total Possible Employee Annual Cost^ | \$600 | \$3,850 | \$3,361 |

| TWO-PARTY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|--------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 1,684 | \$ 3,622 |
| Maximum Out-of-Pocket Costs* | \$ 6,000 | \$ 7,700 | \$ 5,500 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Total Possible Employee Annual Cost^ | \$ 3,600 | \$ 9,384 | \$ 9,122 |

| FAMILY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|--------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 501 | \$ 4,227 | \$ 7,130 |
| Maximum Out-of-Pocket Costs* | \$ 6,000 | \$ 7,700 | \$ 5,500 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Total Possible Employee Annual Cost^ | \$ 4,101 | \$ 11,927 | \$ 12,630 |

*Maximum Out-of-Pocket Costs for the High and Medium Options are the sum of the Prescription Out-of-Pocket Maximum and the Plan Maximum Out-of-Pocket Expense. The Low Option does not have a separate out-of-pocket maximum for prescriptions.

^This is the maximum amount an employee would be responsible for, for in-network services, during the calendar year. Employees may or may not actually incur this total amount.

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COST LEVEL 3

The City of Bloomington offers several health plans designs, networks and cost levels (deductibles). The following table compares maximum out-of-pocket expenses and premiums to assist in determining the maximum annual cost under each of the various plan options.

Of course cost is not the only factor to consider when selecting a health plan. Employees are free to choose whichever plan best meets their needs.

| EMPLOYEE-ONLY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 0 | \$ 611 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$ 4,000 | \$ 5,050 | \$ 3,450 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 1,600 | \$ 5,050 | \$ 4,061 |

| TWO-PARTY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 1,684 | \$ 3,622 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$ 8,000 | \$ 10,100 | \$ 6,900 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 5,600 | \$ 11,784 | \$ 10,522 |

| FAMILY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 501 | \$ 4,227 | \$ 7,130 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$ 8,000 | \$ 10,100 | \$ 6,900 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 6,101 | \$ 14,327 | \$ 14,030 |

*Maximum Out-of-Pocket Costs for the High and Medium Options are the sum of the Prescription Out-of-Pocket Maximum and the Plan Maximum Out-of-Pocket Expense. The Low Option does not have a separate out-of-pocket maximum for prescriptions.

^This is the maximum amount an employee would be responsible for, for in-network services, during the calendar year. Employees may or may not actually incur this total amount.

Are you wondering which health plan to choose?

COST LEVEL 4

The City of Bloomington offers several health plans designs, networks and cost levels (deductibles). The following table compares maximum out-of-pocket expenses and premiums to assist in determining the maximum annual cost under each of the various plan options.

Of course cost is not the only factor to consider when selecting a health plan. Employees are free to choose whichever plan best meets their needs.

| EMPLOYEE-ONLY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 0 | \$ 611 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$ 5,000 | \$ 6,050 | \$ 4,650 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 2,600 | \$ 6,050 | \$ 5,261 |

| TWO-PARTY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 0 | \$ 1,684 | \$ 3,622 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$10,000 | \$ 12,100 | \$ 9,300 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 7,600 | \$ 13,784 | \$ 12,922 |

| FAMILY COVERAGE | PEIP HSA COMPATIBLE PLAN (LOW OPTION) | PEIP VALUE PLAN (MEDIUM OPTION) | PEIP ADVANTAGE PLAN (HIGH OPTION) |
|---|---------------------------------------|---------------------------------|-----------------------------------|
| Employee Annual Premium Cost | \$ 501 | \$ 4,227 | \$ 7,130 |
| Maximum Out Of Pocket Cost (Prescription and Medical) | \$ 10,000 | \$ 12,100 | \$ 9,300 |
| City Contribution to HRA or HSA | - \$ 2,400 | \$ 0 | \$ 0 |
| Your Maximum Annual Cost* | \$ 8,101 | \$ 16,327 | \$ 16,430 |

*Maximum Out-of-Pocket Costs for the High and Medium Options are the sum of the Prescription Out-of-Pocket Maximum and the Plan Maximum Out-of-Pocket Expense. The Low Option does not have a separate out-of-pocket maximum for prescriptions.

^This is the maximum amount an employee would be responsible for, for in-network services, during the calendar year. Employees may or may not actually incur this total amount.