

**City of Dillingham**  
**January 1, 2022 Renewal**



<b>Current 2021</b>	<b>Renewal 2022</b>	<b>No Bid 2022</b>
Premera Preferred Choice HS	Premera Preferred Choice HS	Premera Preferred Choice HS
\$3,000/20%/\$6,000 Essential Rx \$10/\$25/\$45/30%	\$3,000/20%/\$6,000 Essential Rx \$10/\$25/\$45/30%	\$3,000/20%/\$6,000 Essential Rx \$10/\$25/\$45/30%

**MEDICAL**

<b>Monthly Premium</b>	\$55,996.01	\$60,444.25	\$58,235.85
<b>Annual Premium</b>	<b>\$671,952.12</b>	<b>\$725,331.00</b>	<b>\$698,830.20</b>
<b>Difference</b>	<b>\$0.00</b>	<b>\$53,378.88</b>	<b>\$26,878.08</b>

<b>Renewal</b>	<b>Renewal</b>	<b>No Bid 2022</b>
Premera Adult Dental Optima	Premera Adult Dental Optima	Premera Adult Dental Optima
\$1,500/\$50/0%/20%/50%	\$1,500/\$50/0%/20%/50%	\$1,500/\$50/0%/20%/50%

**DENTAL**

<b>Monthly Premium</b>	\$2,831.83	\$2,916.71	\$2,831.83
<b>Annual Premium</b>	<b>\$33,981.96</b>	<b>\$35,000.52</b>	<b>\$33,981.96</b>
<b>Difference</b>		<b>\$1,018.56</b>	

<b>Combined Medical &amp; Dental Annual Change</b>	<b>\$705,934.08</b>	<b>\$760,331.52</b>	<b>\$732,812.16</b>
		<b>\$54,397.44</b>	<b>\$26,878.08</b>

# City of Dillingham

## Medical Plan Analysis

January 1, 2022 Renewal

Prepared by: Diana Stewart



	Current 2021		2022 Renewal		2022 Renewal NO BID	
	Premera Blue Cross Blue Shield of Alaska		Premera Blue Cross Blue Shield of Alaska		Premera Blue Cross Blue Shield of Alaska	
	Preferred Choice Heritage Select \$3,000/20%/\$6,000		Preferred Choice Heritage Select \$3,000/20%/\$6,000		Preferred Choice Heritage Select	
Benefits	In-Network / Out-of-Network		In-Network		In-Network	
<b>Network Type</b>						
<b>Deductible - In / Out of Network</b>						
Individual	\$3,000 / \$6,000		\$3,000 / \$6,000		\$3,000 / \$6,000	
Family	\$6,000 / \$12,000		\$6,000 / \$12,000		\$6,000 / \$12,000	
<b>Coinsurance - In / out of network</b>	20%		20%		20%	
<b>Out-of-Pocket Maximum (Includes Deductible) In / Out of Network</b>						
Individual	\$6,000 / \$45,000		\$6,000 / \$45,000		\$6,000 / \$45,000	
Family	\$12,000 / \$90,000		\$12,000 / \$90,000		\$12,000 / \$90,000	
<b>Benefits</b>	<b>In-Network</b>		<b>In-Network</b>		<b>In-Network</b>	
<b>Professional Services</b>						
PCP & Specialist Office Visit	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Laboratory & X-Ray (non-complex)	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Therapy	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
<b>Emergency Services</b>						
Emergency Care - Copay waived if admitted	Coinsurance		Coinsurance		Coinsurance	
<b>Alternative Care</b>						
Spinal Manipulations & Acupuncture	PCY		each PCY		visits each PCY	
<b>Prescription Drugs</b>	<b>Preferred Choice E4 Essentials</b>		<b>Preferred Choice E4 Essentials</b>		<b>Preferred Choice E4 Essentials</b>	
Deductible	N/A		N/A		N/A	
Preferred Generic	\$10 Copay		\$10 Copay		\$10 Copay	
Preferred Brand	\$25 Copay		\$25 Copay		\$25 Copay	
Preferred Specialty	\$45 Copay		\$45 Copay		\$45 Copay	
Non-Preferred All Drugs	30% Coinsurance		30% Coinsurance		30% Coinsurance	
Mail-Order	90 Days Supply, 2.5x Retail Copay		90 Days Supply, 2.5x Retail Copay		90 Days Supply, 2.5x Retail Copay	
<b>Medical Rates</b>	<b>Counts</b>	<b>2021</b>	<b>2022</b>	<b>2022 No Bid</b>		
Employee Only	21	\$971.47	\$1,073.48	\$1,010.33		
Employee + Spouse	7	\$2,001.26	\$2,111.39	\$2,081.31		
Employee + Child(ren)	1	\$1,797.25	\$2,107.86	\$1,869.14		
Family	7	\$2,827.01	\$3,001.94	\$2,940.09		
<b>Monthly Premium</b>		<b>\$55,996.01</b>	<b>\$60,444.25</b>	<b>\$58,235.85</b>		
<b>Annual Premium</b>		<b>\$671,952.12</b>	<b>\$725,331.00</b>	<b>\$698,830.20</b>		
<b>Percentage Change From Current</b>			<b>7.94%</b>	<b>4.00%</b>		
<b>Annual Dollar Change From Current</b>			<b>\$53,378.88</b>	<b>\$26,878.08</b>		

\*This comparison shows only general provisions of each plan's in-network benefits. Contract certificates should be consulted for exact plan language.

# City of Dillingham

## Dental & Vision Plan Analysis

January 1, 2022 Renewal

Prepared by: Diana Stewart



		Current Premera Dental Optima BER \$50/20%/20%/50%/\$1,500	2022 Renewal Premera Dental Optima BER \$50/20%/20%/50%/\$1,500	2022 NO BID Renewal Premera Dental Optima BER \$50/20%/20%/50%/\$1,500
<b>Dental</b>		<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Network Type		Any Provider	Any Provider	Any Provider
<b>Dental Benefits</b>				
Deductible		\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Preventative		0%	0%	0%
Basic		20%	20%	20%
Major		50%	50%	50%
Annual Maximum		\$1,500	\$1,500	\$1,500
Orthodontia		Not Covered	Not Covered	Not Covered
<b>Dental Rates</b>	<b>Counts</b>			
Employee Only	21	\$46.16	\$47.54	\$46.16
Employee + Spouse	7	\$99.24	\$102.22	\$99.24
Employee + Child(ren)	1	\$101.55	\$104.60	\$101.55
Family	7	\$152.32	\$156.89	\$152.32
<b>Monthly Premium</b>		<b>\$2,831.83</b>	<b>\$2,916.71</b>	<b>\$2,831.83</b>
<b>Annual Premium</b>		<b>\$33,981.96</b>	<b>\$35,000.52</b>	<b>\$33,981.96</b>
<b>Percentage Change From Current</b>			<b>3.00%</b>	<b>0.00%</b>
<b>Annual Dollar Change From Current</b>			<b>\$1,018.56</b>	<b>\$0.00</b>

\*This comparison shows only general provisions of each plan's in-network benefits. Contract certificates should be consulted for exact plan language.

\*\*All rates listed above are estimates. Actual rates could increase or decrease pending actual enrollment.