

City of New Prague  
Medical | Fully-Insured Renewal Options | Effective 01/01/2024

Carrier Name		CURRENT Sourcewell	RENEWAL Sourcewell	RENEWAL OPTION 1 Sourcewell	RENEWAL OPTION 2 Sourcewell	RENEWAL OPTION 3 Sourcewell	RENEWAL OPTION 4 Sourcewell	RENEWAL OPTION 5 Sourcewell
Plan Name		\$2,250 HSA Rx Plus	2250NE-100-2250-PrevRx	Smart Plan 1- \$1,600 HSA/VEBA with Rx Plus- OA	Smart Plan 2-\$1,600-80% HSA/VEBA with Rx+ OA	Smart Plan 3-\$3,200 HSA/VEBA with Rx+ OA	Smart Plan 4-\$3,200-80% HSA/VEBA with Rx+ OA	Alt: 2250NE-100-5200- PrevRx-sameOON
PLAN DESIGN*								
In-Network Benefits		Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access
Deductible Type		Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Aggregate
Calendar Year (CY) Deductible (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500	\$1,600 / \$3,200	\$1,600 / \$3,200	\$3,200 / \$6,400	\$3,200 / \$6,400	\$2,250 / \$5,200
Out-of-Pocket Max Type		Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Aggregate
CY Out-of-Pocket Max (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500	\$1,600 / \$3,200	\$3,600 / \$7,200	\$3,200 / \$6,400	\$5,200 / \$10,400	\$2,250 / \$5,200
Coinsurance (member pays after deductible)		0%	0%	0%	20%	0%	20%	0%
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Specialist Visit		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Urgent Care		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Emergency Room		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Inpatient Hospital		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Outpatient Surgery		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Chiropractic (visit limits may apply)		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)		0% after deductible	0% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Prescription Drug Benefit								
Retail		31 Days	31 Days	31 Days	31 Days	31 Days	31 Days	31 Days
Tier I / Tier II / Tier III		0% after deductible (non-formulary not covered)	0% after deductible (non- formulary not covered)	0% after deductible (non- formulary not covered)	20% after deductible (non- formulary not covered)	0% after deductible (non-formulary not covered)	20% after deductible (non- formulary not covered)	0% after deductible (non- formulary not covered)
Specialty		0% after deductible	0% after deductible	0% after deductible (non- formulary not covered)	20% after deductible (non- formulary not covered)	0% after deductible	20% after deductible	0% after deductible
Mail Order		93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days
Tier I / Tier II / Tier III		0% after deductible (non-formulary not covered)	0% after deductible (non- formulary not covered)	0% after deductible (non- formulary not covered)	20% after deductible (non- formulary not covered)	0% after deductible (non-formulary not covered)	20% after deductible (non- formulary not covered)	0% after deductible (non- formulary not covered)
Out-of-Network Benefits								
Deductible Type		Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Aggregate
CY Deductible (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500	\$3,200 / \$6,400	\$3,200 / \$6,400	\$6,400 / \$12,800	\$6,400 / \$12,800	\$2,250 / \$5,200
Out-of-Pocket Max Type		Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Aggregate
CY Out-of-Pocket Max (Individual / Family)		\$3,500 / \$6,500	\$3,500 / \$6,500	\$4,800 / \$9,600	\$11,200 / \$22,400	\$9,600 / \$19,200	\$15,600 / \$31,200	\$3,500 / \$7,200
Coinsurance (member pays after deductible)		20%	20%	20%	40%	20%	40%	20%
COST ANALYSIS								
PEPM Rates - Enrollment per Renewal Docum	Enrollment	\$2,250 HSA Rx Plus	2250NE-100-2250-PrevRx	Smart Plan 1- \$1,600 HSA/VEBA with Rx Plus-OA	Smart Plan 2-\$1,600-80% HSA/VEBA with Rx+ OA	Smart Plan 3-\$3,200 HSA/VEBA with Rx+ OA	Smart Plan 4-\$3,200-80% HSA/VEBA with Rx+ OA	Alt: 2250NE-100-5200- PrevRx-sameOON
Employee (EE) Only	18	\$601.31	\$638.89	\$655.23	\$600.31	\$604.38	\$564.69	\$630.09
EE + Family	35	\$1,824.60	\$1,938.64	\$1,988.21	\$1,821.57	\$1,833.91	\$1,713.47	\$1,911.92
Total Enrollment	53							
Estimated Monthly Premium		\$74,685	\$79,352	\$81,381	\$74,561	\$75,066	\$70,136	\$78,259
Estimated Annual Premium		\$896,215	\$952,229	\$976,578	\$894,726	\$900,788	\$841,630	\$939,106
Dollar Difference from Current			\$56,014	\$80,363	-\$1,489	\$4,573	-\$54,585	\$42,891
Percent Change from Current			6.25%	8.97%	-0.17%	0.51%	-6.09%	4.79%

\*The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.