

CONNER  
STRONG &  
BUCKELEW

## BENEFIT PLAN OPTIONS FOR PUBLIC ENTITIES

*More Choices. More Savings.*



# MEDICAL PLANS

		1 OPEN ACCESS POS OR PPO		2 OPEN ACCESS POS OR PPO		3 OPEN ACCESS POS OR PPO	
Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Features	Deductible • Single • Family	\$350 \$700	\$750 \$1,500	\$500 \$1,000	\$1,000 \$2,000	\$750 \$1,500	\$1,500 \$3,000
	Coinsurance	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 60% after deductible
	Out-of-Pocket Max • Single • Family	\$2,500 \$5,000	\$5,000 \$10,000	\$5,000 \$10,000	\$10,000 \$20,000	\$5,000 \$10,000	\$10,000 \$20,000
Preventive & Physician Services	PCP Office Visit	\$15 copay	Plan pays 70% after deductible	\$20 copay	Plan pays 70% after deductible	\$30 copay	Plan pays 60% after deductible
	Specialist Office Visit	\$15 copay	Plan pays 70% after deductible	\$30 copay	Plan pays 70% after deductible	\$40 copay	Plan pays 60% after deductible
	Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Diagnostic & Hospital Services	Diagnostic Laboratory and X-ray	Plan pays 100%	Plan pays 70% after deductible	Plan pays 100%	Plan pays 70% after deductible	Plan pays 100%	Plan pays 60% after deductible
	Inpatient Hospital	\$250 copay per admission, then Plan pays 90% after deductible	\$500 copay per admission, then Plan pays 70% after deductible	\$400 copay per admission, then Plan pays 90% after deductible	\$500 copay per admission, then Plan pays 70% after deductible	\$500 copay per admission, then Plan pays 90% after deductible	\$500 copay per admission, then Plan pays 60% after deductible
	Outpatient Surgery	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 60% after deductible
	Emergency Room	\$125 copay copay waived if admitted		\$125 copay copay waived if admitted		\$125 copay copay waived if admitted	

## 4 NETWORK ONLY

## 5 HEALTH REIMBURSEMENT ACCOUNT (HRA)

## 6 OPEN ACCESS POS OR PPO

4 NETWORK ONLY		5 HEALTH REIMBURSEMENT ACCOUNT (HRA)		6 OPEN ACCESS POS OR PPO	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
None	No Benefit	\$2,500 \$5,000		\$750 \$1,500	\$1,500 \$3,000
Plan pays 90%	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 60% after deductible
\$10,000 \$20,000	No Benefit	\$10,000 \$20,000		\$5,000 \$10,000	\$10,000 \$20,000
\$15 copay	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	\$30 copay	Plan pays 60% after deductible
\$25 copay	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	\$40 copay	Plan pays 60% after deductible
Plan pays 100%	No Benefit	Plan pays 100%		Plan pays 100%	
Plan pays 100%	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible
\$250 copay per admission, then Plan pays 90%	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 60% after deductible
Plan pays 90%	No Benefit	Plan pays 80% after deductible	Plan pays 60% after deductible	125 copay then Plan pays 90% after deductible	125 copay then Plan pays 60% after deductible
\$125 copay copay waived if admitted		\$125 copay copay waived if admitted		\$125 copay copay waived if admitted	



# PRESCRIPTION PLANS

	1	2	3
	In-Network Only	In-Network Only	In-Network Only
<b>Retail (30 day supply)</b> <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred Brand</li> <li>• Non-Preferred Brand</li> </ul>	\$10 copay \$25 copay \$40 copay	\$5 copay \$15 copay \$25 copay	\$15 copay \$30 copay \$50 copay
<b>Mail (90 day supply)</b> <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred Brand</li> <li>• Non-Preferred Brand</li> </ul>	\$20 copay \$50 copay \$80 copay	\$10 copay \$30 copay \$50 copay	\$30 copay \$60 copay \$100 copay
	4	5	
	In-Network Only	In-Network Only	
<b>Deductible</b>	None	\$50 per person	
<b>Out-of-Pocket Max</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$1,250 per year \$2,500 per year	\$250 per person; once one's coinsurance results in \$250 in out-of-pocket expenses, coverage increases to 100%. Including the deductible, the annual total out-of-pocket maximum is \$300 per person.	
<b>Retail (30 day supply)</b> <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred Brand</li> <li>• Non-Preferred Brand</li> </ul>	Plan pays 80% Plan pays 70% Plan pays 60%	Plan pays 80% Plan pays 80% Plan pays 80%	
<b>Mail (90 day supply)</b> <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred Brand</li> <li>• Non-Preferred Brand</li> </ul>	Plan pays 80% Plan pays 70% Plan pays 60%	Plan pays 80% Plan pays 80% Plan pays 80%	

## OPTIONAL FEATURES FOR ANY OF THE ABOVE PRESCRIPTION DRUG PLANS

- > **Mandatory Generic** – In instances where a patient receives a brand drug when a generic alternative is available, the patient will be charged the non-preferred brand copay plus the difference in the cost between the brand and the generic drugs.
- > **Mandatory Mail** – After the initial two fills, maintenance medications will only be eligible through mail order.

## MORE CHOICES. MORE SAVINGS.

The passage of PL Chapter 78 brought about significant changes in employee benefits. Public employees are now responsible for more of the cost of healthcare and are demanding more choices while flocking to lower-cost plans.

In response to the new law and the economic climate in general, Conner Strong & Buckelew now offers a variety of model plans for public employers to consider. These model plan designs can generate the savings public entities need, while offering choice, variety and the opportunity for reduced contributions for both the employer and employee.

Public entities may choose to voluntarily offer one or more of these low-cost options, even if the bargaining agreements have not yet expired. Additionally, the law doesn't prevent early adoption — and employing one of our plans early is a good way to get employees thinking about their new cost of benefits. Longer term, these types of designs must be implemented when negotiating new bargaining agreements.

This chart details how most medical and pharmacy services would be covered under each plan. The plans range from PPOs with greater member cost-sharing to a Consumer-Directed Health Plan (CDHP) option that creates more cost responsibility for the member.

These plans have been built to comply with federal and state benefit requirements and can be administrated by most major insurers. In comparison to the typical plans in place for public workers, these options can generate real savings for the majority of public entities.

For more information about how Conner Strong & Buckelew can be a resource to you in light of the pending changes, please call us at **1-877-861-3220**.

