

**EMPLOYEE SINGLE  
WITH WELLNESS**

<b>POS/PPO</b>		<b>HDHP/HSA</b>	
PREMIUMS	88.76 X 24 = 2130.24	0X24=	0 (2130.24)
OUT OF POCKET MED	1350.00/UNLIMITED		3000/12000
OUT OF POCKET PRESC.	1000.00	INCLUDED IN MED	0
HSA CONT CITY	0.00		-500
	<hr/>		<hr/> <b>DIFF</b>
<b>TOTAL SPEND</b>	<b>4480.24</b>	<b>2500.00</b>	<b>1980.24</b>
HSA CONT EMPLOYEE	0.00		3350.00

**EMPLOYEE FAMILY  
WITH WELLNESS**

PREMIUMS	203.99 X 24= 4895.76	144.45 X 24= 3466.80	(1428.96)
OUT OF POCKET MED	4050.00/UNLIMITED		6000/24000
OUT OF POCKET PRESC.	3000.00	INCLUDED IN MED	0
HSA CONT CITY	0.00		-2250.00
	<hr/>		<hr/> <b>DIFF</b>
<b>TOTAL SPEND</b>	<b>11,945.76</b>	<b>7216.80</b>	<b>4728.96</b>
HSA CONT EMPLOYEE	0.00		5500.00



### RETIREE SINGLE

#### POS/PPO

PREMIUMS 472.99 X 12=5675.88  
 OUT OF POC. MED 1350.00/UNLIMITED  
 OUT OF POC PRESC. 1000.00

#### HDHP/HAS

284.38 X 12=3412.56 (2263.32)  
 3000.00/12000  
 INCLUDED IN MED 0.00

	_____	_____	DIFF
<b>TOTAL SPEND</b>	8025.88	6412.56	1613.32
HSA CONT RETIREE	0.00	3850.00	

### RETIREE PLUS ONE

PREMIUMS 954.09 X 12= 11,449.08  
 OUT OF POC. MED 2700.00/UNLIMITED  
 OUT OF POC PRES 2000.00

619.23 X 12= 7430.76 (4018.32)  
 6000/24000  
 INCLUDED IN MED 0.00

	_____	_____	DIFF
<b>TOTAL SPEND</b>	16149.98	13430.76	2719.22
HSA CONT RETIREE	0.00	7750.00	

16149.98

### RETIREE FAMILY

PREMIUMS 1018.93 X 12= 12227.16  
 OUT OF POC MED 4050/UNLIMITED  
 OUT OF POC PRES. 3000

681.73 X 12= 8180.76 (4046.40)  
 6000/24000  
 INCLUDED IN MED 0

	_____	_____	DIFF
<b>TOTAL SPEND</b>	19277.16	14181.76	5095.40
HSA CONT RETIREE	0.00	7750.00	



# 2023 Employee Medical Contributions

Contributions			
Per Pay Premium: (based on 24 pays)	Point of Service You Pay	HDHP You Pay	HSA Annual Employer Contribution
Employee Only with Wellness	\$88.76*	\$0.00	\$500*
Family with Wellness	\$203.99*	\$144.45*	\$2,250



# 2023 Medical Plan Option Comparison

with Wellness premiums

Employee Only Coverage		
	POS	HDHP/HSA
Monthly Premium	\$177.52	\$0.00
Annual Premium	\$2,130.24	\$0.00
City H.S.A. Contribution	\$0.00	\$500.00
<b>Total Annual Cost for Employee (Annual premium - City HSA Contribution)</b>	<b><u>\$2,130.24</u></b>	<b><u>(\$500.00)</u></b>
Family Coverage		
	POS	HDHP/HSA
Monthly Premium	\$407.98	\$288.90
Annual Premium	\$4,895.76	\$3,466.80
City H.S.A. Contribution	\$0.00	\$2,250.00
<b>Total Annual Cost for Employee (Annual premium - City HSA Contribution)</b>	<b><u>\$4,895.76</u></b>	<b><u>\$1,216.80</u></b>



# Employee Premium Information

## Employee Medical Per Pay Premiums\*

	Point of Service (POS)		High Deductible Health Plan (HDHP)	
	Wellness	w/o Wellness	Wellness	w/o Wellness
Employee Only	\$88.76	\$97.64	\$0.00	\$0.00
Family	\$203.99	\$224.39	\$144.45	\$158.90
<i>Military (Adult Child Age 26-30)</i>	\$291.00		\$236.30	



## Retiree Premium Information

### Retiree Medical Premiums\*

	Point of Service (POS)	High Deductible Health Plan (HDHP)
Employee Only	\$472.99	\$284.38
Employee + 1	\$954.09	\$619.23
Family	\$1,018.93	\$681.73
<i>Military (Adult Child Age 26-30)</i>	\$472.99	\$284.38



Choice of plan options: <b>March 1, 2023</b>  SUMMARY ONLY - see Summary of Benefits in the Benefits Booklet or Plan Document for details on Employee Self Service (ESS) <a href="https://ess.springfield.il.us/">https://ess.springfield.il.us/</a>	<b>High Deductible Health Plan (HDHP)</b>  Single \$500 HSA Contribution <i>only w/</i> Wellness at LeadWell & HRA/Family \$2,250 HSA Contribution	<b>Point of Service</b>
<b>Network</b>	<b>HealthLink/PHCS PPO</b>	<b>HealthLink Provider Level 1 &amp; 2   &amp; PHCS</b>
<b>Deductible</b> (Member responsibility) Individual (Provider Level 1 & 2 / Out-of-Network) Family (Provider Level 1 & 2 / Out-of-Network)	\$3,000   \$6,000 \$6,000   \$12,000 <b>Includes</b> Medical and Rx	\$350   \$500 \$1,050   \$1,500
<b>Coinsurance</b> (Co-ins (%) – Member responsibility) Provider Level 1 & 2 / Out-of-Network	N/A	20% / 25% / 30%
<b>Out-of-Pocket Max</b> (Member responsibility) Individual (Provider Level 1 & 2 / Out-of-Network) Family (Provider Level 1 & 2 / Out-of-Network)	\$3,000   \$12,000 \$6,000   \$24,000 <b>Includes</b> Medical and Rx	\$1,350   Unlimited \$4,050   Unlimited <b>Includes</b> Medical Deductible and Medical Copays and Co-ins (%)
<b>Physician Services (In-Network)</b> Well Adult / Well Child Physician Office Visit Specialist Office Visit X-Rays Diagnostics Urgent Care Labs Outpatient	Plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100%	Plan pays 100% \$30 copay; deductible; then Co-ins (%) \$50 copay; deductible; then Co-ins (%) \$50 copay; deductible; then Co-ins (%) \$50 copay; deductible; then Co-ins (%) \$100 copay; deductible; then Co-ins (%)
<b>Inpatient Hospital Deductible</b> (& member pays co-ins (%). <b>per admission</b> )  In-Network (Provider Level 1 & 2)	Deductible; then plan pays 100%	Deductible; the Co-ins (%)
<b>Emergency Room</b>	Deductible; then plan pays 100%	\$250 copay; deductible; then Co-ins (%)
<b>Prescription Drugs (Retail –34 days)</b> Generic / Formulary / Non-Formulary  Note: Higher copays apply for retail 84-90 days; see full details on Employee Self Service within the Benefit Booklet.	In-Network Deductible; then pays 100% Out-of-Network: No Coverage	<b>Rx Deductible:</b> \$50 individual / \$150 family Max out-of-pocket for Rx Cost: In-Network: Rx Individual \$1,000/ Rx Family \$3,000 Out-of-Network Rx: No Coverage <b>In-Network Copays:</b> \$15 / \$25 / \$45 / \$50
<b>Prescription Drugs (Mail Order –90 days)</b> Generic / Formulary / Non-Formulary	In-Network Deductible; plan pays 100% Out-of-Network: No Coverage	<b>In-Network Only Copays:</b> \$37.50/ \$62.50 / \$112.50 (Rx Deductible and Max Rx out of pocket applies-see Rx above)
<b>Lifetime Maximum</b>	Unlimited	Unlimited

