

	HNE	HNE	HNE
Plan Name	Essential \$4000 w/ HRA	Essential \$5000 w/ HRA	PPO \$4000 w/ HRA
Network	HNE-HMO	HNE-HMO	National
Referrals Required?	No	No	No
Out of Network Co-Insurance	No Coverage	No Coverage	member pays 20%
Deductible paid by the CITY	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family
Deductible paid by the EMPLOYEE	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$1,000/person \$2,000/family
Maximum Out of Pocket (MOOP)	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Network	\$7,350/person \$14,700/family In Net \$9,000/\$18,000 OON
MOOP City Reimbursement	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family
Routine/Preventive Care	\$0	\$0	\$0
Non-Routine Office Visits	\$20/\$25	\$20/\$25	\$20/\$25
Speech & Physical Therapy	\$25	\$25	\$25
Chiropractic Visit	\$20	\$20	\$20
Diagnostic Lab work	\$0	\$0	\$0
Diagnostic Procedures & Imaging	deductible	deductible	deductible
High Tech Imaging	\$100	\$100	\$100
Retail Rx (30 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Mail Order Rx (90 day supply)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Ambulance	deductible	deductible	deductible
Emergency Room (covered worldwide)	\$150	\$150	\$150
Urgent Care Visit (covered worldwide)	\$20	\$20	\$20
Hospital Outpatient	deductible	deductible	deductible
Hospital Inpatient	deductible	deductible	deductible
Renewal Monthly Single Medical	\$667.10	\$648.88	\$685.33
Renewal Monthly Family	\$1,718.57	\$1,671.62	\$1,765.52
City Contribution Single	71.50%	72.50%	66.00%
City Contribution Family	67.50%	68.50%	64.00%
Biweekly Single Employee Deduction	\$95.06	\$89.22	\$116.51
Biweekly Family Employee Deduction	\$279.27	\$263.28	\$317.79

