

**VILLAGE OF OLYMPIA FIELDS
PROPOSAL SUMMARY
PREPARED BY RENAISSANCE FINANCIAL SERVICES**

	UHC			BCBSIL			HUMANA		
	<u>HMO</u>	<u>HDPP0</u>	<u>PPO</u>	<u>HMO</u>	<u>HDPP0</u>	<u>PPO</u>	<u>HMO</u>	<u>HDPP0</u>	<u>PPO</u>
NETWORK	NAVIGATE	CHOICE +	CHOICE +	PRECISION	BLUE PPO	BLUE PPO	SELECT	CHC	CHC
DEDUCTIBLE (S)	\$0	\$2,000/\$5,000	\$1,500/\$5,000	\$0	\$2,800/\$5,600	\$1,000/\$2,000	\$0	\$3,000/\$12,000	\$1,000/\$4,000
DEDUCTIBLE (F)	\$0	\$4,000/\$15,000	\$3,000/\$15,000	\$0	\$8,400/\$16,800	\$3,000/\$6,000	\$0	\$6,000/\$24,000	\$2,000/\$8,000
COVERAGE LEVEL	100%	100/70%	80/50%	100%	90/60%	80/50%	100%	80/50%	80/50%
OUT OF POCKET (S)	\$4,000	\$4,500/\$10,000	\$6,500/\$10,000	\$2,000	\$3,600/UNL	\$6,750/UNL	\$6,500	\$6,000/\$24,000	\$5,000/\$20,000
OUT OF POCKET (F)	\$12,000	\$6,850/\$30,000	\$13,000/\$30,000	\$4,500	\$10,500/UNL	\$17,100/UNL	\$13,000	\$12,000/\$48,000	\$10,000/\$40,000
OV COPAYS (PCP,SPEC)	\$20,\$40	\$30,\$60	\$15,\$50/\$100	\$20,\$30	NA	\$50/\$70	\$40,\$80	NA	\$45,\$90
URGENT CARE COPAY	\$50	\$50	\$25	\$30	NA	\$75	\$100	NA	\$100
EMER. ROOM COPAY	\$300	\$500 (AD)	\$300 (AD), 20%	\$300	NA	\$500	\$500	NA	\$500, 20%
HOSP. INP. COPAY	NONE	NONE	NONE	\$150	NA	\$250/\$350	\$1,250 (3)	NA	NA
RX DRUG COPAY	\$10,\$40,\$125	\$10,\$40,\$125	\$10,\$40,\$125	\$0,\$10,\$50,\$100	20%,20%,30%	\$10,\$20,\$70,\$120	\$5,\$15,\$75,\$150	NA	\$5,\$15,\$75,\$150
LIFETIME MAXIMUM	UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL
EST. ANN. PREMIUM ¹	\$73,039/\$72,643	\$88,145/\$94,863	\$422,426/\$405,288	\$58,864	\$91,359	\$452,909	\$57,479	\$112,014	\$605,339
TOTAL		\$583,681/\$572,794 (-1.2%)				\$603,132		\$774,832	

¹ Based upon August enrollment PPO (8,5,2,7), HMO (2,1,0,1), HD PPO (2,1,1,1). (Single, Employee/Spouse, Employee/Child, Family).

* In-network benefit levels are shown left of the "slash", out-of-network on the right.

** Out of Pocket (OOP) expense represents maximum paid in deductible and coinsurance.

*** AD = After Deductible