



City of Homer - Current Medical Plan, 2013 -

|  | | CURRENT PLAN | |
|---|--|----------------------------------|----------------------|
| | | In Network | Out of Network |
| Lifetime Maximum | | Unlimited | |
| Deductible (Single / Family) | | \$100 / \$300 | 70% / 30% |
| Coinsurance | | 90% / 10% | |
| Out of Pocket Max (Deductible Not Included) | | \$500 single / \$1,500 family | |
| Provider Network | | First Choice | None |
| Office Visit | | 100% | 30% after deductible |
| • Primary Care Physician | | 10% after deductible | 30% after deductible |
| • Specialist | | | |
| Diagnostic Lab & X-Ray | | | |
| • All Other | | 10% after deductible | 30% after deductible |
| • Complex | | 10% after deductible | 30% after deductible |
| • Preventive | | 100% | 100% |
| Preventive Care | | 100% | 100% |
| Hospital | | | |
| • Inpatient Facility | | 10% after deductible | 30% after deductible |
| • Outpatient Surgery | | 10% after deductible | 30% after deductible |
| • Emergency | | 10% after deductible | |
| Prescriptions | | | |
| • Retail (30-day supply) | | \$5 / \$10 (generic/brand name) | |
| • Mail Order (90-day supply) | | \$10 / \$30 (generic/brand name) | |
| Mental Health | | | |
| • Inpatient | | 10% after deductible | 30% after deductible |
| • Outpatient | | 100% | 30% after deductible |
| Spinal Manipulation (10 visits/year) | | 100% | 30% after deductible |

| FT Employee Payroll Deductions | | |
|---|---------------|----------------|
| 26 Pay Periods | | |
| Med/Dental/Vision Premium Effective April 1, 2012 | Employee Only | Per Pay Period |
| | Spouse | \$17.84 |
| | Spouse | \$56.75 |
| | Child (each) | \$4.81 |

| PT Employee Payroll Deductions | | |
|---|----------------|----------------|
| 26 Pay Periods | | |
| Med/Dental/Vision Premium Effective April 1, 2012 | Employee 20 Hr | Per Pay Period |
| | Employee 20 Hr | \$35.68 |
| | Employee 24 Hr | \$29.73 |
| | Employee 28 Hr | \$25.48 |

City of Homer - Medical Dual Plan Option - January 1, 2014

|  | | <h2>CORE PLAN</h2> | |
|---|--|---|----------------------------|
| | | In Network | Out of Network |
| Lifetime Maximum | | Unlimited | |
| Deductible (Single / Family) | | \$1,500 / \$4,500 | \$4,000 / \$12,000 |
| Coinsurance | | 70% / 30% | 50% / 50% |
| Out of Pocket Max (Deductible Not Included) | | \$3,000 / \$9,000 | \$4,000 / \$12,000 |
| Provider Network | | First Choice | None |
| Office Visit | | | |
| • Primary Care Physician | | \$35 copay | 50% / 50% after deductible |
| • Specialist | | \$35 copay | 50% / 50% after deductible |
| • Spinal Manipulation (10 visits/year) | | \$35 copay | 50% / 50% after deductible |
| • Acupuncture | | \$35 copay | 50% / 50% after deductible |
| • Physical Therapy | | \$35 copay | 50% / 50% after deductible |
| Diagnostic Lab & X-Ray | | | |
| • Complex | | 70% / 30% after deductible | 50% / 50% after deductible |
| • All Other | | 70% / 30% after deductible | 50% / 50% after deductible |
| • Preventive | | 100% | 100% |
| Preventive Care | | 100% | 100% |
| Hospital | | | |
| • Inpatient Facility | | 70% / 30% after deductible | 50% / 50% after deductible |
| • Outpatient Surgery | | 70% / 30% after deductible | 50% / 50% after deductible |
| • Emergency | | \$150 copay (waived if admitted), 30% after deductible | |
| Prescriptions | | (generic/brand name formulary/brand name non-formulary) | |
| • Retail (30-day supply) | | \$25 / \$50 / \$75 | |
| • Mail Order (90-day supply) | | \$50 / \$100 / \$150 | |
| Mental Health | | | |
| • Inpatient | | 70% / 30% after deductible | 50% / 50% after deductible |
| • Outpatient | | \$35 copay | 50% / 50% after deductible |


| | |
|---------------------------------|-----------|
| City of Homer Core Medical Plan | |
| 2014 Employee Contribution | |
| Pay Periods: 26 | |
| EE Only | \$ 46.15 |
| EE + Spouse | \$ 92.30 |
| EE + Child | \$ 64.62 |
| EE + Children | \$ 101.54 |
| EE + Sp + Child | \$ 120.00 |
| EE + Sp + Children | \$ 138.46 |

| | | |
|---|-------------|-------------|
| Spousal Cost-Sharing Fee (EE Pays) | \$200/month | \$92.30/pp |
| (Spouse has coverage with employer but elects COH medical plan) | | |
| EE elects spouse M/D/V insurance (COH Pays) | \$250/month | \$115.38/pp |
| EE elects spouse medical insurance (COH PAYS) | \$200/month | \$92.30/pp |

| | |
|---|---------|
| 2014 Payroll Deductions for Part-Time Core Plan | |
| Employee 20 Hr | \$92.30 |
| Employee 24 Hr | \$78.46 |
| Employee 28 Hr | \$73.84 |

This is a summary of benefits. This is not a contract.

City of Homer - Medical Dual Plan Option - January 1, 2014

|  | | BUY-UP PLAN | |
|---|--|--|--|
| | | In Network | Out of Network |
| Lifetime Maximum | | Unlimited | |
| Deductible (Single / Family) | | \$400 / \$1,200 | \$800 / \$2,400 |
| Coinsurance | | 80% / 20% | 60% / 40% |
| Out of Pocket Max (Deductible Not Included) | | \$2,000 / \$6,000 | \$3,000 / \$9,000 |
| Provider Network | | First Choice | None |
| Office Visit | | | |
| <ul style="list-style-type: none"> Primary Care Physician Spinal Manipulation (10 visits/year) Acupuncture Physical Therapy Specialist | | \$30 copay \$30 copay \$30 copay \$30 copay \$30 copay | 60% / 40% after deductible 60% / 40% after deductible 60% / 40% after deductible 60% / 40% after deductible 60% / 40% after deductible |
| Diagnostic Lab & X-Ray | | | |
| <ul style="list-style-type: none"> Complex All Other Preventive | | 80% / 20% after deductible 80% / 20% after deductible 100% | 60% / 40% after deductible 60% / 40% after deductible 100% |
| Preventive Care | | 100% | 100% |
| Hospital | | | |
| <ul style="list-style-type: none"> Inpatient Facility Outpatient Surgery Emergency | | 80% / 20% after deductible 80% / 20% after deductible \$100 copay (waived if admitted), 20% after deductible | 60% / 40% after deductible 60% / 40% after deductible |
| Prescriptions | | (generic/brand name formulary/brand name non-formulary) | |
| <ul style="list-style-type: none"> Retail (30-day supply) Mail Order (90-day supply) | | \$10 / \$20 / \$30 \$20 / \$40 / \$60 | |
| Mental Health | | | |
| <ul style="list-style-type: none"> Inpatient Outpatient | | 80% / 20% after deductible \$30 copay | 60% / 40% after deductible 60% / 40% after deductible |

| City of Homer Buy-Up Medical Plan | |
|-----------------------------------|-----------|
| 2014 Employee Contribution | |
| Pay Periods: 26 | |
| EE Only | \$ 51.65 |
| EE + Spouse | \$ 194.46 |
| EE + Child | \$ 139.14 |
| EE + Children | \$ 215.53 |
| EE + Sp + Child | \$ 249.78 |
| EE + Sp + Children | \$ 293.90 |

Spousal Cost-Sharing Fee (EE Pays) \$200/month \$92.30/pp
 (Spouse has coverage with employer but elects COH medical plan)



EE elects spouse M/D/V Insurance (COH Pays) \$250/month \$115.38/pp

EE elects spouse medical insurance (COH PAYS) \$200/month \$92.30/pp



| 2014 Payroll Deductions for Part-Time Buy-Up Plan | |
|---|----------|
| Employee 20 Hr | \$103.30 |
| Employee 24 Hr | \$87.81 |
| Employee 28 Hr | \$82.64 |

This is a summary of benefits. This is not a contract.

City of Homer - Dental Plan Option - January 1, 2014

| | | |
|---|---|-----------------------|
|  |  | <p>Benefit</p> |
| <p align="center">City of Homer 2014 Payroll Deductions</p> | | |
| <p>Pay Periods:</p> | <p>Select: <input type="text" value="26"/></p> | |
| <p align="center">Dental Plan</p> | | |
| <p>EE Only</p> | <p>EE Contribution</p> | <p>\$2.31</p> |
| <p>EE + Spouse</p> | | <p>\$4.62</p> |
| <p>EE + Child</p> | | <p>\$4.62</p> |
| <p>EE + Children</p> | | <p>\$6.92</p> |
| <p>EE + Sp + Child</p> | | <p>\$6.92</p> |
| <p>EE + Sp + Children</p> | | <p>\$11.54</p> |
| <p>Calendar Year Deductible Per Person</p> | <p>\$100 / \$300</p> | |
| <p>Deductible Applies to</p> | <p>Class B Service - Basic</p> | |
| <p>Class A Services ~ Preventive</p> | <p>Class C Service - Major</p> | |
| <p>Class B Services ~ Basic</p> | <p>100%</p> | |
| <p>Class C Services ~ Major</p> | <p>80%</p> | |
| <p>Maximum Benefit Amount Per Person Per Calendar Year</p> | <p>50%</p> | |
| <p>Maximum Benefit Amount Per Person Orthodontics</p> | <p>\$1,500</p> | |
| | <p>\$750</p> | |

City of Homer - Vision Plan Option - January 1, 2014

| | |
|---|--------------------------------------|
|   | <p align="center">Benefit</p> |
| Exam (including contact fitting exam) | 80% |
| Single/Bifocal/Trifocal Lenses/Frames | 100% up to \$175 |
| Lenticular Lenses/Frames | 100% up to \$275 |
| Contact Lenses | 100% up to \$125 |

| <p align="center">City of Homer 2014 Payroll Deductions</p> | | | | | | | | | | | | | | | |
|---|--|-------------|-----------------|---------|--------|-------------|--------|------------|--------|---------------|--------|-----------------|--------|--------------------|---------|
| Pay Periods: | Select: <input type="text" value="26"/> | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th data-bbox="462 520 532 816">Vision Plan</th> <th data-bbox="462 130 532 520">EE Contribution</th> </tr> </thead> <tbody> <tr> <td data-bbox="532 520 584 816">EE Only</td> <td data-bbox="532 130 584 520">\$3.25</td> </tr> <tr> <td data-bbox="584 520 620 816">EE + Spouse</td> <td data-bbox="584 130 620 520">\$6.50</td> </tr> <tr> <td data-bbox="620 520 656 816">EE + Child</td> <td data-bbox="620 130 656 520">\$6.50</td> </tr> <tr> <td data-bbox="656 520 691 816">EE + Children</td> <td data-bbox="656 130 691 520">\$9.75</td> </tr> <tr> <td data-bbox="691 520 727 816">EE + Sp + Child</td> <td data-bbox="691 130 727 520">\$9.75</td> </tr> <tr> <td data-bbox="727 520 751 816">EE + Sp + Children</td> <td data-bbox="727 130 751 520">\$16.25</td> </tr> </tbody> </table> | | Vision Plan | EE Contribution | EE Only | \$3.25 | EE + Spouse | \$6.50 | EE + Child | \$6.50 | EE + Children | \$9.75 | EE + Sp + Child | \$9.75 | EE + Sp + Children | \$16.25 |
| Vision Plan | EE Contribution | | | | | | | | | | | | | | |
| EE Only | \$3.25 | | | | | | | | | | | | | | |
| EE + Spouse | \$6.50 | | | | | | | | | | | | | | |
| EE + Child | \$6.50 | | | | | | | | | | | | | | |
| EE + Children | \$9.75 | | | | | | | | | | | | | | |
| EE + Sp + Child | \$9.75 | | | | | | | | | | | | | | |
| EE + Sp + Children | \$16.25 | | | | | | | | | | | | | | |