



City of Homer
Cost Summary
July 1, 2024 Renewal Date

Carriers		Current	Renewal	Negotiated Renewal		Option 1	
Medical	Premera BCBS of AK (Direct)		Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)		Moda	
Dental	Premera BCBS of AK (Direct)		Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)		Moda	
Vision	VSP		VSP	VSP		VSP	
Life, Accident, and Disability	Prudential		Prudential	Prudential		Prudential	
FSA Administration	Premera BCBS of AK (Direct)		Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)		Premera BCBS of AK (Direct)	
Total Annual Cost		% Change		% Change		% Change	
Medical	\$1,786,422	\$2,277,689	27.5%	\$2,036,520	14.0%	\$1,814,841	1.6%
1-Month Premium Holiday	N/A	N/A		N/A		-\$151,237	
Bundling Discount (1%)	N/A	N/A		N/A		-\$18,148	
Dental	\$87,795	\$93,066	6.0%	\$87,795	0.0%	\$102,088	16.3%
Vision	\$12,083	\$12,083	0.0%	\$12,083	0.0%	\$12,083	0.0%
Life/AD&D	\$9,615	\$9,615	0.0%	\$9,615	0.0%	\$9,615	0.0%
FSA Administration	Included w/ Medical	Included w/ Medical		Included w/ Medical		\$1,170	
Annual Total	\$1,895,915	\$2,392,454		\$2,146,014		\$1,770,412	
Change from Current		\$496,539		\$250,099		-\$125,503	
Percentage Change		26.2%		13.2%		-6.6%	

Notes

- Voluntary lines of coverage are omitted from total annual cost as these coverages are fully employee paid.
- Moda's proposal comes with a 2nd-year Medical rate cap of 12%.



City of Homer
Medical Plan
Benefit Outline and Cost Summary
July 1, 2024 Renewal Date

Benefit Outline		Current	Renewal	Negotiated Renewal	Option 1
Carrier		Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)	Moda
Plan Type, Network		PPO, Preferred Choice Plus	PPO, Preferred Choice Plus	PPO, Preferred Choice Plus	PPO, Endeavor Select
Deductible (Ind / Fam)		\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Non-Network Deductible (Ind / Fam)		\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Deductible Embedded / Non-Embedded		Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Ind / Fam)		\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000
Non-Network OOP Max (Ind / Fam)		\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000
Prescription OOP Max (Ind / Fam)		Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinsurance (Pref. / Par. / OON)		*80% / 60% / 40%	*80% / 60% / 40%	*80% / 60% / 40%	80% / 50%
Wellness / Preventive Care		100% (dw)	100% (dw)	100% (dw)	100% (dw)
Primary Care Office Visit		\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)	First 3 Visits: \$5 Copay 4+ Visits: \$25 Copay (dw)
Specialist Office Visit		\$60 Copay (dw)	\$60 Copay (dw)	\$60 Copay (dw)	\$25 Copay (dw)
Walk-In / Urgent Care Visit		\$40 Copay (dw)	\$40 Copay (dw)	\$40 Copay (dw)	\$25 Copay (dw)
Emergency Room		\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%
Outpatient Lab / X-Ray		80%	80%	80%	80% (dw)
Complex Imaging (MRI, CAT, PET, et al.)		80%	80%	80%	80%
Outpatient Surgical Facility		80%	80%	80%	80%
Inpatient Hospital Facility		80%	80%	80%	80%
Retail Prescription Drug Copays		\$20 / \$40 / \$60 (dw)	\$20 / \$40 / \$60 (dw)	\$20 / \$40 / \$60 (dw)	\$15 / \$45 / \$75 (dw)
Mail Order Prescription Drug Copays		2.5x Retail	2.5x Retail	2.5x Retail	3x Retail
Specialty Prescription Drugs		Same as Retail	Same as Retail	Same as Retail	\$15 / \$225 / 30% (dw)
Rates & Total Cost					
Employee	27	\$1,109.99	\$1,415.24	\$1,265.39	\$1,127.65
Employee + Spouse	12	\$2,550.32	\$3,251.65	\$2,907.36	\$2,590.89
Employee + Child(ren)	20	\$2,108.20	\$2,687.96	\$2,403.35	\$2,141.74
Employee + Family	13	\$3,548.53	\$4,524.38	\$4,045.32	\$3,604.98
Total Employees	72				
Annual Total		\$1,786,422	\$2,277,689	\$2,036,520	\$1,814,841
Change from Current			\$491,268	\$250,099	\$28,420
Percentage Change			27.5%	14.0%	1.6%

Notes

- Deductible applies unless otherwise noted by (dw) = deductible waived.
- Enrollment provided by Premera, March 2024.
- *Benefits are illustrated at the Preferred level.
- Moda's proposal comes with a 2nd-year rate cap of 12%.



City of Homer
Dental Plan
Benefit Outline and Cost Summary
July 1, 2024 Renewal Date

Benefit Outline	Current	Renewal	Negotiated Renewal	Option 1
Carrier	Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)	Premera BCBS of AK (Direct)	Moda (Fully Insured)
Plan Type	PPO	PPO	PPO	PPO
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	PPO: \$25 / \$75 Premier: \$50 / \$150
Waived For Preventive	Yes	Yes	Yes	Yes
Annual Maximum	\$2,000	\$2,000	\$2,000	PPO: \$2,100 Premier: \$2,000
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Endodontics / Periodontics	Basic	Basic	Basic	Basic
Implants	Major	Major	Major	Major
Orthodontia	100% (dw)	100% (dw)	100% (dw)	50% (dw)
Eligibility	Adult and Child	Adult and Child	Adult and Child	Adult and Child
Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Waiting Periods (Prev. / Basic / Major)	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0
Non-Network	AK: 80th UCR Lower 48: 90th UCR	AK: 80th UCR Lower 48: 90th UCR	AK: 80th UCR Lower 48: 90th UCR	80th UCR
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000
Rate Guarantee	To 7/1/2024	To 7/1/2025	To 7/1/2025	To 7/1/2025

Rates & Total Cost

Employee	29	\$55.30	\$58.62	\$55.30	\$56.43
Employee + Spouse	13	\$112.73	\$119.50	\$112.73	\$112.11
Employee + Child(ren)	23	\$97.24	\$103.08	\$97.24	\$129.28
Employee + Family	13	\$154.66	\$163.94	\$154.66	\$187.69
Total Employees	78				
Annual Total		\$87,795	\$93,066	\$87,795	\$102,088
Change From Current			\$5,271	\$0	\$14,292
Percentage Change			6.0%	0.0%	16.3%

Notes

1. Enrollment provided by Premera, March 2024.