

## City of Winona 2014 Plan Options – Summary of Benefits and Monthly Cost

	Yellow Plan \$750/\$1,500 Deductible		Green Plan \$2,500/\$5,000 Deductible		Red Plan \$2,500/\$5,000 Deductible	
	Single	Family	Single	Family	Single	Family
<b>Total Cost</b>	\$603	\$1,691	\$487	\$1,368	\$473	\$1,327
<b>City Contribution</b>	\$444	\$1,163	\$444	\$1,163	\$444	\$1,163
<b>Employee</b>	\$159	\$528	\$43	\$205	\$29	\$164

	Yellow Plan \$750/\$1,500 Deductible		Green Plan \$2,500/\$5,000 Deductible		Red Plan \$2,500/\$5,000 Deductible	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Deductible</b>	Individual \$750 Family \$1,500		Individual \$2,500 Family \$5,000		Individual \$2,500 Family \$5,000	
<b>Funding Options</b>	<ul style="list-style-type: none"> <li>HRA OR HSA Balance</li> <li>Flexible Spending Account</li> </ul>		<ul style="list-style-type: none"> <li>HSA Qualifying Plan</li> <li>HRA holders <u>must</u> convert 50% of HRA balance to HSA upon enrollment</li> <li>Flexible Spending Account</li> </ul>		<ul style="list-style-type: none"> <li>HSA Qualifying Plan</li> <li>HRA holders <u>may</u> convert 50% of HRA balance to HSA upon enrollment</li> <li>Flexible Spending Account</li> </ul>	
<b>Coinsurance</b>	90% coverage	70% coverage	90% coverage	60% coverage	80% coverage	60% coverage
<b>Office Visit</b>	90% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Preventative Care</b>	100% coverage	70% after deductible	100% coverage	60% after deductible	100% coverage	60% after deductible
<b>Prescription Drugs</b>	80% after deductible For generic, brand and non-formulary		90% after deductible For generic, brand and non-formulary		70% after deductible For generic, brand and non-formulary	
<b>Inpatient Hospital</b>	90% coverage after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Out-of-Pocket Maximum Includes Deductible</b>	Individual \$3,000 Family \$6,000		Individual \$3,500 Family \$7,000		Individual \$10,000 Family \$20,000	
<b>Emergency Room</b>	90% after deductible		90% after deductible		80% after deductible	
<b>Primary Care Clinic</b>	No		No		No	

There is no requirement to enroll in coverage.