

2019 Simple Wellness Plan Highlights

IN-NETWORK	CITY PLAN WITH HRA	SIMPLE WELLNESS PLAN
Calendar Year Deductibles		
Individual	\$2,000	\$2,000
Family	\$4,000	\$4,000
Coinsurance	10%	N/A
Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$4,000	\$4,000
Family Out-of-Pocket Maximum	\$8,000	\$8,000
PCP Office Visit	\$30	\$30
Specialist Office Visit	\$30 Tier1/\$50	\$30 Tier1/\$50
Emergency Room Copay	\$300	\$300 After Deductible
Urgent Care Facility	\$50	\$50
In-Patient Hospital	Deductible/Coinsurance	\$400 Copay Per Day, Days 1-5, After Deductible
Out-Patient Surgery - Hospital	Deductible/Coinsurance	\$250 Copay After Deductible
Out-Patient Surgery - Freestanding	Deductible/Coinsurance	\$100 Copay
Out-Patient Diagnostic	Deductible/Coinsurance	\$200 Copay Day After Deductible
Prescription Drugs		
Retail	\$30/\$60/\$90/25%	
Mail Order – 90 day supply	2 x Retail	
Bi-Weekly Premium		
Single Coverage	\$0	\$13.38
Family Coverage	\$159.00	\$185.77
Dual Family (Both City Employees)	\$0	\$26.77

The features of the **2019 Simple Wellness Plan** are unchanged from 2018; however the premiums are higher than in the 2019 City Plan with HRA. The shaded portion of this chart contains the key features in the Simple Wellness Plan. This plan differs from the City Plan with HRA in that it has no coinsurance after you meet the deductible. The **Simple Wellness Plan** has a Dollar First Benefit Allowance, which is an allowance of money paid by the City for qualified medical care from in-network providers. The Dollar First Benefit Allowance helps you and your dependents pay for eligible services such as physician visits, hospital services, lab tests and x-rays, and is applied before you begin to pay your deductible. The amount of your Dollar First

Benefit Allowance is equal to the amount of wellness incentive rewards earned by the employee and is available for each family member covered under Simple Wellness Plan.

The **2019 Simple Wellness Plan** includes copayments which apply after you meet the deductible. These copayments are assessed each time you use those services. Services requiring a copayment include inpatient hospitalization, outpatient surgery, diagnostic services such as laboratory services, x-rays and other imaging, manipulative treatment and diagnostic tests.

With the exception of out-patient-surgery in a free standing center, these copays apply only after meeting the deductibles. These copays apply each time you receive that service.

Wellness Incentives and the 2019 Simple Wellness Plan

Wellness Incentive Activities	Employee	Spouse or Domestic Partner	Dollar First Benefit Allowance Amount for Each Covered Family Member
PHA	\$500	N/A	\$500
Tobacco Free Certification	\$250	N/A	\$250
Your Choice of:	\$250	N/A	\$250
• Wild on Walking Challenge <OR>	✓		
• 2 Wellness Classes <OR>	✓		
• 2 Wellness Webinars <OR>	✓		
• A combination of 1 Wellness Class & 1 Wellness Webinar	✓		
Maximum Incentive Reward	\$1,000	N/A	\$1,000

As shown in the above chart, in the **2019 Simple Wellness Plan** the same activities are available to earn incentive rewards. However, because this plan has a dollar first benefit which applies to all covered members in the family, only the activities completed by the employee receive a reward. These rewards include \$500 for completion of the PHA, \$250 for being tobacco free, and \$250 for completion of Wild on Walking or any combination of two wellness webinars or on-site wellness classes. The total incentive reward, up to \$1,000, will be applied to the dollar first benefit which will be available for all covered family members.