

City of Winona

2022 Plan Options – Summary of Benefits and Monthly Cost

	Green Plan \$3,000/\$6,000 Deductible		Red Plan \$3,500/\$7,000 Deductible		Purple Plan \$2,000/\$4,000 Deductible	
	Single	Family	Single	Family	Single	Family
City Contribution	\$677	\$1,779	\$677	\$1,779	\$677	\$1,779
Employee Cost	\$230	\$768	\$204	\$691	\$155	\$560
Total Actuarial Cost	\$848	\$2,381	\$824	\$2,309	\$778	\$2,187
Amount to Reserve Fund	\$59	\$166	\$57	\$161	\$54	\$152

	Green Plan \$3,000/\$6,000 Deductible		Red Plan \$3,500/\$7,000 Deductible		Purple Plan \$2,000/\$4,000 Deductible	
	Network	Non-Network	Network	Non-Network	Network	Non-Network**
Deductible	Individual \$3,000 Family \$6,000 <i>Embedded Deductible (Deductible cross-applies)</i>		Individual \$3,500 Family \$7,000 <i>Embedded Deductible (Deductible cross-applies)</i>		Individual \$2,000 Family \$4,000 <i>Non-embedded deductible</i>	Individual \$2,000 Family \$4,000 <i>Non-embedded deductible</i>
Funding Options	<ul style="list-style-type: none"> • HSA Qualifying Plan • Flexible Spending Account 		<ul style="list-style-type: none"> • HSA Qualifying Plan • Flexible Spending Account 		<ul style="list-style-type: none"> • HSA Qualifying Plan • Flexible Spending Account 	
Coinsurance	90% coverage	60% coverage	80% coverage	60% coverage	90% coverage	50% coverage
Office Visit	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	50% after deductible
Preventative Care	Covered in full	Covered in full*	Covered in full	Covered in full*	Covered in full	Covered in full*
Prescription Drugs	90% after deductible for generic, brand and non-formulary		70% after deductible for generic, brand and non-formulary		80% after deductible for generic, brand and non-formulary	
Inpatient Hospital	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	50% after deductible
Out-of-Pocket Maximum Includes Deductible	Individual \$4,000 Family \$8,000	Individual \$10,000 Family \$20,000	Individual \$6,000 Family \$12,000		Individual \$3,500 Family \$7,000	Individual \$10,000 Family \$20,000
Emergency Room	90% after deductible		80% after deductible		90% after deductible	
Primary Care Clinic	No		No		No	

*Plus pay charges that exceed allowed amount

**Includes all Mayo facilities

There is no requirement to enroll in coverage