

2016-17 CITY OF HASTINGS INSURANCE INFORMATION

Effective 10-1-16

Type	MONTHLY COSTS				DEDUCTIBLES		MAX OUT OF POCKET (includes deductibles)	
	Employee	Employer	Total MO Premium	% of Premium	In Network	Out of Network	In Network	Out of Network
Single	\$102.00	\$748.00	\$850	12 / 88	\$600	\$1,200	\$3,500	\$7,000
Family	\$332.50	\$1,567.50	\$1,900	17.5 / 82.5	\$1,200	\$2,400	\$7,000	\$14,000
OFFICE CO-PAYS							CO-INSURANCE	
Physician		In Network			Out of Network		In Network	Out of Network
Primary Care Physician		\$10 Telehealth \$50 Office			\$10 Telehealth \$50 Office		80 / 20	70 / 30
Specialty Physician		Deductible & Co-Ins			Deductible & Co-Ins			
PRESCRIPTIONS								
Generic		Formulary (Brand Name)		Non-Formulary (Brand Name)		Specialty		
\$15 Plus 10% of remaining balance		\$25 Plus 20% of remaining balance		\$35 Plus 30% of remaining balance		30% \$500 max per prescription		
		DENTAL			VISION	LONG-TERM DISABILITY*		
Election	Basic	Premiere	IAFF	ALL	General Employees and FOP Only			
Single	\$27.10	\$29.82	\$7.10/\$9.82	\$10.40	60% of salary after 180 day waiting period			
Emp & Spouse	\$55.14	\$60.66	\$35.14/\$40.66	\$23.00	LIFE INSURANCE*			
Emp & Child(ren)	\$60.44	\$72.54	\$40.44/\$52.54	\$20.76	Annual Salary rounded; max. of \$50,000			
Full Family	\$96.78	\$114.04	\$76.78/\$94.04	\$29.24				

2016 HASTINGS UTILITIES INSURANCE INFORMATION

Effective 1-1-16

Type	MONTHLY COSTS				DEDUCTIBLES		MAX OUT OF POCKET (includes deductibles)	
	Employee	Employer	Total MO Premium	% of Premium	In Network		In Network	
Single	\$104.18	\$763.90	\$868	12 / 88	\$500		\$1,625	
Family	\$338.98	\$1,779.61	\$2,119	16 / 84	\$1,000		\$3,250	
OFFICE CO-PAYS							CO-INSURANCE	
Physician		In Network			Out of Network		In Network	Out of Network
Primary Care Physician		Deductible & Co-Ins			Deductible & Co-Ins		80 / 20	70 / 30
Specialty Physician		Deductible & Co-Ins			Deductible & Co-Ins			
PRESCRIPTIONS					LONG-TERM DISABILITY*			
Deductible then 80/20 co-pay					66 2/3% of salary after 180 day waiting period			
DENTAL					LIFE INSURANCE*			
Type	Employee	HU	Total MO Premium	% of Premium	Annual Salary rounded with maximum of \$65,000			
Single	\$11.68	\$23.72	\$35.40	33 / 67				
Family	\$29.38	\$62.42	\$91.80	32 / 68				

*Long-term Disability and Life Insurance Premiums are paid by Employer.

All information is subject to change.