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	Deductible & Co-Ins	80 / 20	70 / 30
Specialty Physician	$10 Telehealth $50 Office	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	
Single	$11.68	$23.72	$35.40	33 / 67	Annual Salary rounded with maximum of $65,000
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.