

# City of Marquette Health Insurance Options

Group #007003465

## City of Marquette Full-Time Employees

Please complete the online election form at [www.marquettemi.gov/healthinselectionform/](http://www.marquettemi.gov/healthinselectionform/). An employee who fails to make a timely election by **June 19, 2020** will be automatically enrolled in the Core Plan.

**Employee required co-pays are shown per pay period.**

**Core Plan (0021)**

Simply Blue HRA Plan - In Network \$100/\$200 Deductible, 0% Coinsurance, \$20 Office Visit Co-pay, \$20 Chiropractic Co-pay (24 visits), \$150 Emergency Room Co-pay, UP Blue, EA. Out-of-Network \$200/40%/\$4000. ARORx \$5/\$25/\$50 with Contraceptives. BCBSM Dental 100/80/50-\$1500 Ortho 50-\$1500. EyeMed Vision 24/24/24 \$0 Exam \$10 Materials. MDLive telemedicine.

**Employee Premium Co-pay:      Single: \$21.90      Two Person: \$52.57      Family: \$65.71**

**Buy Up Plan (0022)**

Simply Blue HRA Plan - In Network \$100/\$200 Deductible, 0% Coinsurance, \$20 Office Visit Co-pay, Chiropractic Covered 100% (24 visits), \$100 Emergency Room Co-pay, UP Blue, EA. Out-of-Network \$200/40%/\$4000. ARORx \$10/\$20/\$40 with Contraceptives. BCBSM Dental 100/80/50-\$1500 Ortho 50-\$1500. EyeMed Vision 12/12/12 \$0 Exam \$10 Materials. MDLive telemedicine.

**Employee Premium Co-pay:      Single: \$37.78      Two Person: \$90.66      Family: \$113.33**

**Buy Down Plan (0023)**

Simply Blue HRA Plan - In Network \$500/\$1000 Deductible, 0% Coinsurance, \$30 Office Visit Co-pay, \$30 Chiropractic Co-pay (24 visits), \$150 Emergency Room Co-pay, UP Blue, EA. Out-of-Network \$1000/20%/\$2750. ARORx \$10/\$40/\$80 with Contraceptives. BCBSM Dental 100/80/50-\$1500 Ortho 50-\$1500. EyeMed Vision 24/24/24 \$0 Exam \$10 Materials. MDLive telemedicine.

**Employee Premium Co-pay:      Single: \$21.90      Two Person: \$52.57      Family: \$65.71**

***Included Flat HRA Contribution (this is not in addition to the above premium co-pay):***

**Single: \$25.15      Two-Person: \$ 65.88      Family: \$ 83.34**

**Please Note:** \$5.00 per month will be deducted from your Flat HRA balance for plan administration costs.

**Modified Buy Down Plan (0023) No Flat HRA**

Simply Blue HRA Plan - In Network \$500/\$1000 Deductible, 0% Coinsurance, \$30 Office Visit Co-pay, \$30 Chiropractic Co-pay (24 visits), \$150 Emergency Room Co-pay, UP Blue, EA. Out-of-Network \$1000/20%/\$2750. ARORx \$10/\$40/\$80 with Contraceptives. BCBSM Dental 100/80/50-\$1500 Ortho 50-\$1500. EyeMed Vision 24/24/24 \$0 Exam \$10 Materials. MDLive telemedicine.

**Employee Premium Co-pay:      Single: \$0      Two Person: \$0      Family: \$0**

**Opt-Out** – Employees who elect to opt-out of City health insurance coverage will receive cash compensation in an amount equal to 50% of the current hard cap rate for single subscriber (plus 100% of the single core vision plan premium and 100% of the single dental premium). This amount is subject to required State and Federal taxes beginning with the 1<sup>st</sup> pay period after July 1, 2020. Opt-out amount per pay period: **\$151.20.**