

ANALYSIS AND PROPOSAL

For

**Town of
Bowdoinham**

**Presented By:
Adam Sturtevant
Vice President Employee Benefits**



March 2024

	Current Maine's Choice	Renewal Maine's Choice	Alternative Maine's Choice	Alternative Maine's Choice
Deductible (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000
Out-Of-Pocket Maximum	\$6,000/\$12,000	\$5,000/\$10,000	\$9,100/\$18,200	\$9,100/\$18,200
Office Visits (PCP / Specialist)	\$25/\$60 Copay	\$25/\$50 Copay	\$40/\$80 Copay	\$40/\$80 Copay
Hospital (In-Patient / Out-Patient)	Deductible then 80% coinsurance	Deductible then 70% coinsurance	Deductible then 60% coinsurance	Deductible then 60% coinsurance
Emergency Room (copay waived if admitted)	Deductible then \$300 Copay	Deductible then 70% coinsurance	Deductible then 60% coinsurance	Deductible then 60% coinsurance
Prescription Drugs	\$5/\$25/\$50/30% to \$300/30% to \$500	\$5/\$25/\$50/\$100/\$150 Medical Deductible applies to Tiers 4 & 5	\$5/\$25/\$50/30% to \$300/30% to \$600	\$10/\$25/\$50/30% to \$300/30% to \$600 Deductible applies to Tiers
Employee Only	\$700.35	\$790.14	\$754.07	\$628.47
Employee & Spouse	\$1,400.70	\$1,580.29	\$1,508.14	\$1,256.94
Employee & Child(ren)	\$1,295.65	\$1,461.77	\$1,395.03	\$1,162.67
Family	\$2,171.09	\$2,449.45	\$2,337.62	\$1,948.25
TOTAL MONTHLY PREMIUM	\$9,314.67	\$10,508.91	\$10,029.14	\$8,358.63
<i>Annual Premium</i>	\$111,776.04	\$126,106.92	\$120,349.68	\$100,303.56
		12.82%	7.67%	-10.26%

This document is provided for comparison purposes only. If there is a difference between this information and the information provided by the carrier, the carrier's information will govern.

	Anthem BCBS Tiered HMO	Anthem BCBS Tiered HMO	Anthem BCBS Tiered HMO	Anthem BCBS Tiered HMO
Deductible (Individual/Family)	\$4,200/\$8,400	\$3,500/\$7,000	\$2,500/\$5,000	\$1,500/\$3,000
Out-Of-Pocket Maximum	\$9,100/\$18,200	\$9,100/\$18,200	\$5,000/\$10,000	\$5,000/\$10,000
Office Visits (PCP / Specialist)	\$35/\$80 Copay	\$40/\$80 Copay	\$20/\$50 Copay	\$25/\$50 Copay
Hospital (In-Patient / Out-Patient)	Deductible then 60% coinsurance	Deductible then 60% coinsurance	Deductible then 70% coinsurance	Deductible then 70% coinsurance
Emergency Room (copay waived if admitted)	Deductible then 60% coinsurance	Deductible then 60% coinsurance	Deductible then 70% coinsurance	Deductible then 70% coinsurance
Urgent Care	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Prescription Drugs	\$5/\$25/\$50/ Ded then \$100/\$250	\$5/\$25/\$50/ Ded then \$100/\$250	\$5/\$25/\$50/30% to \$300/50% to \$600	\$5/\$25/\$50/\$100/\$250 Medical Deductible applies to Tiers 4 & 5
Employee Only	\$571.10	\$582.29	\$742.64	\$754.92
Employee & Spouse	\$1,142.20	\$1,164.58	\$1,485.28	\$1,509.84
Employee & Child(ren)	\$1,056.54	\$1,077.24	\$1,373.88	\$1,396.60
Family	\$1,770.41	\$1,805.10	\$2,302.18	\$2,340.25
TOTAL MONTHLY PREMIUM	\$7,595.63	\$7,744.46	\$9,877.10	\$10,040.43
Annual Premium	-18.46% \$91,147.56	-16.86% \$92,933.52	6.04% \$118,525.20	8% \$120,485.16

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Maine Community Health Options

	CHO PPO NE 1500	CHO PPO NE 2500	CHO PPO 3500	CHO PPO 500
Deductible (Individual/Family)	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000	\$500/\$1,000
Out-Of-Pocket Maximum	\$5,000/\$10,000	\$5,000/\$10,000	\$9,100/\$18,200	\$3,000/\$6,000
Office Visits (PCP / Specialist)	\$25/\$50 Copay	\$20/\$50 Copay	\$40/\$80 Copay	\$20/\$40 Copay
Hospital (In-Patient / Out-Patient)	Deductible then 70% coinsurance	Deductible then 70% coinsurance	Deductible then 60% coinsurance	Deductible then 80% coinsurance
Emergency Room (copay waived if admitted)	Deductible then 70% coinsurance	Deductible then 70% coinsurance	Deductible then 60% coinsurance	Deductible then 80% coinsurance
Urgent Care	\$40 Copay	\$40 Copay	\$40 Copay	\$25 Copay
Prescription Drugs	\$5/\$25/\$50/\$100/\$250 Deductible applies to Tiers 4 & 5	\$5/\$25/\$50/30% to \$300/50% to \$600	\$5/\$25/\$50/\$100/\$250 Deductible applies to Tiers 4 & 5	\$0/\$0/\$15/\$100/\$250 Deductible applies to Tiers 4 & 5
Employee Only	\$821.18	\$809.11	\$760.70	\$997.18
Employee & Spouse	\$1,642.36	\$1,618.22	\$1,521.40	\$1,994.36
Employee & Child(ren)	\$1,519.18	\$1,496.85	\$1,407.30	\$1,844.78
Family	\$2,545.66	\$2,508.24	\$2,358.17	\$3,091.26
TOTAL MONTHLY PREMIUM	\$10,921.70	\$10,761.16	\$10,117.31	\$13,262.50
<i>Annual Premium</i>	17.25% \$131,060.40	15.53% \$129,133.92	8.62% \$121,407.72	42.38% \$159,150.00

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MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

MEDICAL PROGRAM SUMMARY - January 1, 2024 to December 31, 2024

All benefits shown are In-Network. Services received Out-of-Network, if covered, may be paid at a lower level of benefits. Please consult your Plan Document or Summary Plan Description booklet for more information. All figures shown (deductibles, copays, and coinsurance) reflect what the Member pays towards the cost of services.

	POS C	POS 200	PPO 500	PPO 1500	PPO 2500
DEDUCTIBLE Individual / Family	\$0 (No deductible)	\$200 / \$400	\$500 / \$1,000	\$1,500 / \$3,000	\$2,500 / \$5,000
CO-INSURANCE (Member pays)	10% for most services	20%	20%	20%	20%
OUT OF POCKET MAXIMUM Deductible plus Coinsurance Individual / Family	\$1,500 / \$3,000	\$1,700 / \$3,400	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,000 / \$10,000
COPAYS:					
Office Visit Copay (First PCP visit per calendar year paid at 100%)	\$15	\$20	\$20	\$25	\$25
Mental Health Outpatient Copay (First visit per calendar year paid at 100% / no copay for visits via telehealth)	\$150	\$150	\$200	\$200	\$200
Emergency Room Copay	\$25	\$30	\$35	\$40	\$40
Walk-in or Urgent Care Center Copay					
PREVENTIVE CARE:					
Preventive Care, including mammograms, Pap tests, women's preventive health services, colonoscopies, PSA tests, and routine physicals	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Preventive Lab and X-Ray	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Preventive Eye Exams (Limited benefits)	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
OTHER SERVICES:					
In Patient Hospital Services	10% (0% for Physician Services)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Out Patient Surgical Facility	\$100 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Diagnostic Lab & X-Ray	0%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Advanced Imaging (MRI/CT/PET)	\$100 copay Copays limited to \$300 per Cal Yr	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Chiropractic Care	\$25 copay Limited to 36 visits per Cal Yr	Limited to 36 visits per Cal Yr	Limited to 36 visits per Cal Yr	Limited to 36 visits per Cal Yr	Limited to 36 visits per Cal Yr
Physical, Speech and Occupational Therapy	\$25 copay Limited to 75 Visits per Cal Yr (Combined Limit)	Limited to 75 Visits per Cal Yr (Combined Limit)	Limited to 75 Visits per Cal Yr (Combined Limit)	Limited to 75 Visits per Cal Yr (Combined Limit)	Limited to 75 Visits per Cal Yr (Combined Limit)
PRESCRIPTION DRUGS (5 TIER):					
Tier 1-Select Generic / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4-Specialty and Lifestyle	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx
RX COPAY (Each 1-30 day supply at retail pharmacy)	\$4/\$10/\$30/\$50/\$80	\$8/\$15/\$35/\$60/\$80	\$8/\$15/\$35/\$60/\$80	\$8/\$20/\$40/\$70/\$80	\$8/\$20/\$40/\$70/\$80
RX COPAY (31-90 day supply via mail order)	\$8/\$20/\$60/\$100/\$120	\$16/\$30/\$70/\$120/\$160	\$16/\$30/\$70/\$120/\$160	\$16/\$40/\$80/\$140/\$160	\$16/\$40/\$80/\$140/\$160
OTHER:					
Cap on In-Network Copays (includes medical and Rx copays) Individual / Family	\$5,000 / \$10,000	\$4,800 / \$9,600	\$5,500 / \$11,000	\$3,500 / \$7,000	\$2,500 / \$5,000
Employee	\$1,242.93	\$1,183.33	\$1,144.18	\$1,055.57	\$1,013.49
Employee & Spouse	\$2,788.08	\$2,654.34	\$2,566.55	\$2,387.79	\$2,277.90
Employee & Child(ren)	\$2,028.11	\$1,930.81	\$1,868.98	\$1,722.39	\$1,656.99
Employee & Family	\$2,788.08	\$2,654.34	\$2,566.55	\$2,387.79	\$2,277.90

MMEHT - This is a summary for comparative purposes only. In the case of any discrepancies, the official contract or plan document will govern.