

City of West Allis

March 1, 2020 - Medical and Prescription Plan Decrements

January 7, 2020

Original Recommendation and Option 1

Current Active and Post 13 Plan	Original Recommendation - Actives and Retirees who choose not to switch	Option 1 - Retirees who choose to switch
Premiums	Increase 7% Actives/11% Retirees (who choose not to switch)	Post 13 Retirees 7% Increase (if choose to switch) Pre-13 0% increase (if choose to switch)
	Impacts on Avg Active Employee -\$56k*.02*1/4 (in last 3 months of year)=\$280 increase in pay with a possible increase in insurance costs of \$2450 plus other OOP costs	Same as Original
Step Therapy applies to active employees but not retirees	Include Step Therapy for Retirees	Same as Original
Quantity Limits applies to active employees but not retirees	Include Quantity Limits for Retirees	Same as Original
Clinical Prior Authorization Program applies to active employees but not retirees	Include Clinical Prior Authorization for Retirees	Same as Original
Specialty CAAP Rx Program not in place	Introduce Specialty CAAP Rx Program to active employees and retirees	Same as Original
Exclusive Mail does not apply	Add Exclusive Mail for maintenance medications	Same as Original
In network deductible from \$100/\$300	Change in network deductible from \$100/\$300 to \$250/\$750	Same as Original
Urgent care copayment \$20 PCP/\$40 specialist	Change urgent care copayment from \$20 PCP/\$40 specialist to \$50	Same as Original
LiveHealth online copay \$20 per visit	Change LiveHealth online copay from \$20 to \$0 per visit	Same as Original
Emergency room copay \$150 per visit	Change Emergency room copay from \$150 to \$350 per visit	Same as Original
Office visit copays \$20 PCP/\$40 specialist	Change office visit copays from \$20 PCP/\$40 specialist to: \$25/PCP/\$50 Specialist	Same as Original
Coinsurance 100% IN/80% OON	Change in network coinsurance to 90% up to a single coinsurance limit of \$1,000 and a family coinsurance limit of \$2,000	Same as Original
No separate copayment for high tech imaging	Add a \$100 copay per visit for high tech imaging (CT scans, PET scans, MRI's and nuclear imaging)	Same as Original
Actives retail - \$15/\$25/\$35 5% to \$100 Actives Mail - \$30/\$50/\$70/ 5% to \$100 Rx OOP - \$1500/\$3,000; Rx deductible - \$0 Mail Order Drugs are 3 months' supply for only two co-pays	Retail - \$15/ \$40/\$75 5% to \$100 Mail - \$30/ \$80/\$150 5% to \$100 Rx OOP - \$1500/\$3,000; Rx deductible - \$0 Mail Order Drugs are 3 months' supply for only two co-pays	Same as Original
4th Quarter Deductible Carryover	Remove 4th Quarter Deductible Carryover	Same as Original
High Deductible Health Plan No separate copay for Emergency Room No Rx copays after the deductible	High Deductible Health Plan Add \$250 ER copay after the deductible has been met; Add Rx copays as below after deductible: \$5 generic \$20 formulary brand and \$40 non-formulary brand and specialty 2 times mail order	Same as Original
No limits on increases No options for retiree cost mitigation Retirees hired prior to 4/1/08 (other dates due to contracts) have coverage for life Only cost increases for Pre 2013 retirees are premium increases as benefit levels are locked in at time of retirement Actives and Post 13 Retirees are affected by both premium share increases and plan design changes	<p style="text-align: center;">Options to Mitigate Impacts</p> Limit retiree percentage increases to no greater than double active increases based on each groups costs Allow all pre65 retirees to participate in retiree provisional program Provide Family Savings Plan Participation for Retirees in addition to actives	<p style="text-align: center;">Below Required for Retirees to participate in this option</p> Limit retiree percentage increases to no greater than double active increases based on each groups costs Retirees Roll with Actives for benefit levels/decrements and premium share percentage (currently 12%) Family coverage is limited to 10 years or age 60 whichever comes first If leave or removed from the city plan for any reason cannot return Participation in the Family Savings Plan is considered participation in the city plan; If they return to self funded city plan their cap remains the same as when they retired and they must roll with actives Coverage ceases at age 65 or Medicare Eligibility If the city offers voluntary benefits (dental, vision, etc.) retiree may participate at full cost to retiree, dental is only for the fully insured plan) If the city offers a Medicare advantage program and the retiree's eligibility for coverage with the city has ceased, the retiree and eligible spouse may participate bearing the full cost of the program