

## CITY OF POWDER SPRINGS

Effective from 04/01/2023 through 03/31/2024

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<u>Region(s)</u>	<u>Group(s)</u>	<u>Subgroup(s)</u>
Georgia	10446	100, F00, F01, P00


**Rate and Benefit Summary – Commercial**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** ██████████

**Nov21 – Oct22**
**Subgroups:** ██████████

**Average Members\*:**

18

**Product Type:** HMO–Low Deductible

**Quote Name:** DHMO 5000 0 7.5K

**Current Rates**

Rate Tiers	Medical	Ratio
Subscriber only	\$460.15	1.00
Subscriber and Spouse	966.32	2.10
Subscriber and 1 or more Children	897.30	1.95
Subscriber and Spouse and 1 or more children	1,403.47	3.05

**Proposed Rates**

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	7	\$496.96	8.00%	1.00
Subscriber and Spouse	4	1,043.62	8.00%	2.10
Subscriber and 1 or more Children	1	969.08	8.00%	1.95
Subscriber and Spouse and 1 or more children	1	1,515.73	8.00%	3.05

**Estimated Monthly Cost:** \$10,138

**Billing Frequency:** Monthly

**Proposed HMO Benefits**

- Annual Deductible:** \$5000/SNG;\$10000/FAM EMB
- Coinsurance:** 0% COINSURANCE AFTER DED
- Out-of-Pocket Maximum:** \$7500/SNG;\$15000/FAM EMB
- Lifetime Maximum:** NO LIFETIME MAXIMUM
- Prescription Drugs**
  - Rx Copay: P5/PG20/PB40/NP60/S20%
  - Rx Deductible: 2501/500F RX DED/CY/OPM/E
- Outpatient**
  - Primary Care: \$40 PER VISIT
  - Specialty Care: \$60 PER VISIT
  - Urgent Care: \$80/VISIT
- Other Professional**
  - Outpatient Surgery: 0% COIN AFT DED PER VISIT
  - Chiropractic: \$60 SPNL/20 VIS/CY/OOP
  - Vision: \$40/EXAM; 1 V/CY; APP OOP
- Ambulance and Emergency Services**
  - Ambulance: 0% CON AFT DED PER TRIP
  - Emergency Room: 0% COIN AFT DED PER VISIT
- Laboratory and Imaging**
  - Laboratory: \$0 REGARDLESS OF SETTING
  - Radiology: \$0 REGARDLESS OF SETTING
- Hospital Inpatient:** 0% COIN/ADMISSION AFT DED

\* Includes Actives and/or pre 65 Retirees only.

**Rate and Benefit Summary – Commercial**

Region: Georgia

Group Name: CITY OF POWDER SPRINGS

Contract Period: 04/01/2023 – 03/31/2024

Group Numbers: [REDACTED]

Nov21 – Oct22

Subgroups: [REDACTED]

Average Members\*:

18

Product Type: HMO–Low Deductible

Quote Name: DHMO 5000 0 7.5K

**Mental Health/Chemical Dependency**

Mental Health–Outpatient: \$40/V UNLMT VSTS

Mental Health–Inpatient: 0% CO AFT/DED UNLIMITED

Chemical Dependency–Outpatient: \$40/V UNLMT VISITS/YR

Chemical Dependency–Inpatient: 0% COINS A/D UNLIM DAYS

**Other**

Durable Medical Equipment: 0% CON AFT DED NO \$ LIMIT

Optical Hardware: NO BENEFIT

Hearing Aids: 20%CO 3000MX/EAR/48MO

\* Includes Actives and/or pre 65 Retirees only.

Created On: 1/31/2023

NPS Quote Number: 28898640

NPS RQR Number: [REDACTED]

NPS RQR Name : CITY OF POWDER SPRINGS


**Rate and Benefit Summary – CCO**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** [REDACTED]

**Nov21 – Oct22**
**Subgroups:** 100 ,101

**Average Members\*:**

18

**Product Type:** HMO–Low Deductible

**Quote Name:** DHMO 5000 0 7.5K

**Current Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>Total CCO Rates</b>
Subscriber only	80.52	540.67
Subscriber and Spouse	169.09	1,135.41
Subscriber and 1 or more Children	157.01	1,054.31
Subscriber and Spouse and 1 or more children	245.58	1,649.05

**Proposed Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>%Change</b>	<b>Total CCO Rates</b>
Subscriber only	\$86.96	8.00%	583.92
Subscriber and Spouse	182.61	8.00%	1,226.23
Subscriber and 1 or more Children	169.57	8.00%	1,138.65
Subscriber and Spouse and 1 or more children	265.22	8.00%	1,780.95

\* Includes Actives and/or pre 65 Retirees only.

Created On: 1/31/2023

NPS Quote Number: 28898640

NPS RQR Number: [REDACTED]

NPS RQR Name : CITY OF POWDER SPRINGS


**Rate and Benefit Summary – Commercial**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** ██████████

**Nov21 – Oct22**
**Subgroups:** F00 ,F01 ,F02

**Average Members\*:**

46

**Product Type:** HMO–High Deductible

**Quote Name:** HDHP 4000 0 6K

**Current Rates**

Rate Tiers	Medical	Ratio
Subscriber only	\$436.07	1.00
Subscriber and Spouse	915.75	2.10
Subscriber and 1 or more Children	850.33	1.95
Subscriber and Spouse and 1 or more children	1,330.01	3.05

**Proposed Rates**

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	18	\$470.95	8.00%	1.00
Subscriber and Spouse	3	989.00	8.00%	2.10
Subscriber and 1 or more Children	3	918.36	8.00%	1.95
Subscriber and Spouse and 1 or more children	4	1,436.41	8.00%	3.05

**Estimated Monthly Cost:** \$19,945  
**Billing Frequency:** Monthly

**Proposed HMO Benefits**

- Annual Deductible:** \$4000I/\$8000F/EMB/CL
- Coinsurance:** 0% COINSURANCE AFTER DED
- Out-of-Pocket Maximum:** \$6000I/12000F/EMB/CL
- Lifetime Maximum:** NO LIFETIME MAXIMUM
- Prescription Drugs**
  - Rx Copay: P5/G,B,SPEC 0%AD
  - Rx Deductible: PLAN DED/EMB/OPM
- Outpatient**
  - Primary Care: 0% COIN AFT DED PER VISIT
  - Specialty Care: 0% COIN AFT DED PER VISIT
  - Urgent Care: 0% COINSURANCE AFTER DED
- Other Professional**
  - Outpatient Surgery: 0% COIN AFT DED PER VISIT
  - Chiropractic: 0% AFT DED; 20 VSTS/CALYR
  - Vision: 0% A/D ADULT 1 EXAM CY
- Ambulance and Emergency Services**
  - Ambulance: 0% CON AFT DED PER TRIP
  - Emergency Room: 0% COIN AFT DED PER VISIT
- Laboratory and Imaging**
  - Laboratory: 0% COINSURANCE AFTER DED
  - Radiology: 0% COINSURANCE AFTER DED
- Hospital Inpatient:** 0% COIN/ADMISSION AFT DED

\* Includes Actives and/or pre 65 Retirees only.

 **Rate and Benefit Summary – Commercial**

**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** [REDACTED]

**Nov21 – Oct22**

**Subgroups:** F00 ,F01 ,F02

**Average Members\*:**

46

**Product Type:** HMO–High Deductible

**Quote Name:** HDHP 4000 0 6K

**Mental Health/Chemical Dependency**

Mental Health–Outpatient: 0% AFT DED/UNLIMITED

Mental Health–Inpatient: 0% CO AFT/DED UNLIMITED

Chemical Dependency–Outpatient: 0% COINS AFT DED UNLMTD

Chemical Dependency–Inpatient: 0% COINS A/D UNLIM DAYS

**Other**

Durable Medical Equipment: 0% CON A/D DME/MED SUPPLY

Optical Hardware: NO BENEFIT

Hearing Aids: 0%AD 3KMX/EAR/48MO TO OPM

\* Includes Actives and/or pre 65 Retirees only.

Created On: 1/31/2023

NPS Quote Number: 28898638

NPS RQR Number: [REDACTED]

NPS RQR Name : CITY OF POWDER SPRINGS


**Rate and Benefit Summary – CCO**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** [REDACTED]

**Nov21 – Oct22**
**Subgroups:** F00 ,F01 ,F02

**Average Members\*:**

46

**Product Type:** HMO–High Deductible

**Quote Name:** HDHP 4000 0 6K

**Current Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>Total CCO Rates</b>
Subscriber only	76.30	512.37
Subscriber and Spouse	160.24	1,075.99
Subscriber and 1 or more Children	148.79	999.12
Subscriber and Spouse and 1 or more children	232.73	1,562.74

**Proposed Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>%Change</b>	<b>Total CCO Rates</b>
Subscriber only	\$82.41	8.00%	553.36
Subscriber and Spouse	173.06	8.00%	1,162.06
Subscriber and 1 or more Children	160.69	8.00%	1,079.05
Subscriber and Spouse and 1 or more children	251.34	8.00%	1,687.75

\* Includes Actives and/or pre 65 Retirees only.


**Rate and Benefit Summary – Commercial**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** ██████████

**Nov21 – Oct22**
**Subgroups:** P00 ,P01

**Average Members\*:**

17

**Product Type:** PPO

**Quote Name:** PPO 5000 10 6.5K

**Current Rates**

Rate Tiers	Medical	Ratio
Subscriber only	\$580.20	1.00
Subscriber and Spouse	1,218.43	2.10
Subscriber and 1 or more Children	1,131.39	1.95
Subscriber and Spouse and 1 or more children	1,769.62	3.05

**Proposed Rates**

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	6	\$626.62	8.00%	1.00
Subscriber and Spouse	2	1,315.90	8.00%	2.10
Subscriber and 1 or more Children	0	1,221.90	8.00%	1.95
Subscriber and Spouse and 1 or more children	2	1,911.18	8.00%	3.05

**Estimated Monthly Cost:** \$10,214

**Billing Frequency:** Monthly

**PPO – In–Network Benefits**

Kaiser Permanente Providers / Network Providers

**Annual Deductible:** \$5K I/\$10K F/EMB/LQC/DCP

**Coinsurance:** 10% COINSURANCE/AFT DED

**Out-of-Pocket Maximum:** \$6500I/\$13K F/EMB/CY/DCP

**Lifetime Maximum:** NO LIFETIME MAXIMUM

**Prescription Drugs**

Rx Copay: 5/G20/B40A/NG60/NB60A/S20 KP PHARMACY

15/30/60AD/90/90AD/30%AD NETWORK PHARMACY

Rx Deductible: 250/500RXDED/OPM/E/DCP/CY KP PHARMACY

250/500RXDED/OPM/E/DCP/CY NETWORK PHARMACY

**Outpatient**

Primary Care: \$40 PER VISIT KP PROVIDERS

\$60 PER VISIT NETWORK PROVIDERS

Specialty Care: \$50 PER VISIT KP PROVIDERS

\$70/VISIT/OOP NETWORK PROVIDERS

Urgent Care: \$80/VISIT KP PROVIDERS

\$120/VISIT NETWORK PROVIDERS

**Other Professional**

Outpatient Surgery: 10%COINS UCR AFTR DED/VST

Chiropractic: \$50 SPNL/20V/X/CY/OOP/DCP

Vision: \$40/EXAM; 1 VST/CY XACUM

**Ambulance and Emergency Services**

Ambulance: 10% COINS AFT DED/OOP

Emergency Room: 10% COINS A/D PER VISIT

\* Includes Actives and/or pre 65 Retirees only.




**Rate and Benefit Summary – Commercial**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** ██████████

**Nov21 – Oct22**
**Subgroups:** P00 ,P01

**Average Members\*:**

17

**Product Type:** PPO

**Quote Name:** PPO 5000 10 6.5K

	<b>Laboratory and Imaging</b> Laboratory: \$0 COPAY REGARDLESS Radiology: \$0 COPAY REGARDLESS  <b>Hospital Inpatient:</b> 10%COINS UCR AFTR DED/ADM
	<b>Mental Health/Chemical Dependency</b> Mental Health–Outpatient: \$60 COPAY UNLIMIT VISITS Mental Health–Inpatient: 10% CO AFT/DED UNLIMITED Chemical Dependency–Outpatient: \$60 UNLIMITED VSTS/CAL YR Chemical Dependency–Inpatient: 10% CO AFT/DED UNLIMITED
	<b>Other</b> Durable Medical Equipment: 10% COIN A/D; LITEBOX \$0 Optical Hardware: NO BENEFIT Hearing Aids: 20%/3K/48MO/18YR/XAC
<b>PPO – Out-of-Network Benefits</b>	<b>Annual Deductible:</b> \$10K I/\$20KF/EMB/LQC/DCP3 <b>Coinsurance:</b> 30% COINSURANCE/AFT DED <b>Out-of-Pocket Maximum:</b> \$13K I/\$26K F/EMB/CY/DCP3 <b>Lifetime Maximum:</b> NO LIFETIME MAX  <b>Prescription Drugs</b> Rx Copay: PV/PG/PB/NPB/NPG/SP 30%A/ Rx Deductible: PLAN DED/EMB/OPM/DCP T3  <b>Outpatient</b> Primary Care: 30%COINS UCR AFTR DED/VST Specialty Care: 30%COINS UCR AFTR DED/VST Urgent Care: 30% COINS AFT DED PER VST  <b>Other Professional</b> Outpatient Surgery: 30%COINS UCR AFTR DED/VST Chiropractic: 30%AD SPNL/20V XAC/CY/OOP Vision: 30% A/D 1 EXAM/OPM/CY  <b>Ambulance and Emergency Services</b> Ambulance: 10% COIN AFT DED PER TRIP Emergency Room: 10% COINS A/D PER VISIT  <b>Laboratory and Imaging</b> Laboratory: 30% COINS UCR AFTER DED Radiology: 30% COIN AFTER DEDUCTIBLE  <b>Hospital Inpatient:</b> 30%COINS UCR AFTR DED/ADM
	<b>Mental Health/Chemical Dependency</b> Mental Health–Outpatient: 30% CO AFT/DED UNLIMITED Mental Health–Inpatient: 30% CO AFT/DED UNLIMITED Chemical Dependency–Outpatient: 30% COIN A/D UNLIMITED VS Chemical Dependency–Inpatient: 30% CO AFT/DED UNLIMITED
	<b>Other</b> Durable Medical Equipment: 30% A/D UNLMTED YEAR Optical Hardware: NO BENEFIT Hearing Aids: 40%/3K/48MO/18YR/XAC

\* Includes Actives and/or pre 65 Retirees only.


**Rate and Benefit Summary – CCO**
**Region:** Georgia

**Group Name:** CITY OF POWDER SPRINGS

**Contract Period:** 04/01/2023 – 03/31/2024

**Group Numbers:** ██████████

**Nov21 – Oct22**
**Subgroups:** P00 ,P01

**Average Members\*:**

17

**Product Type:** PPO

**Quote Name:** PPO 5000 10 6.5K

**Current Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>Total CCO Rates</b>
Subscriber only	101.52	681.72
Subscriber and Spouse	213.20	1,431.63
Subscriber and 1 or more Children	197.97	1,329.36
Subscriber and Spouse and 1 or more children	309.65	2,079.27

**Proposed Rates**

<b>Rate Tiers</b>	<b>Additional CCO Premium</b>	<b>%Change</b>	<b>Total CCO Rates</b>
Subscriber only	\$109.65	8.00%	736.27
Subscriber and Spouse	230.26	8.00%	1,546.16
Subscriber and 1 or more Children	213.81	8.00%	1,435.71
Subscriber and Spouse and 1 or more children	334.42	8.00%	2,245.60

\* Includes Actives and/or pre 65 Retirees only.

Created On: 1/31/2023

NPS Quote Number: 28898639

NPS RQR Number: ██████████

NPS RQR Name : CITY OF POWDER SPRINGS