



CITY OF CRETE

MEDICAL SUMMARY

Effective: 7/1/2025



Proposal Type	PROPOSED	PROPOSED		
Carrier	MEDICA	MEDICA		
Note	HSA			
Plan Name	51 + HSA \$3,500 80%	51 + \$1,000 80%		
Option Type				
Network	In Network	In Network		
Deductible - EE	\$3,500	\$1,000		
Deductible - Family	\$7,000	\$2,000		
Coinsurance	80%	80%		
Out of Pocket Max	\$6,500	\$3,500		
Out of Pocket Max - Family	\$13,000	\$7,000		
Physician/Specialist Copay	Ded then 20%	\$25/\$40		
Copay Note				
Standard Telehealth Copay	\$67	\$0		
Urgent Care Copay	Ded then 20%	Ded then 20%		
Emergency Room Copay	Ded then 20%	Ded then 20%/\$0		
X-Ray/Lab	Ded then 20%	Ded then 20%		
Major Diagnostic (MRI,CT,etc.)	Ded then 20%/20%/40%	\$12/\$50/\$90		
Prescriptions(Rx)	Ded then 20% to \$200/40%	20% to \$200/40%		
Specialty Rx	Preventive Drug Benefit	Preventive Drug Benefit		
Rx Notes	Medica Choice National	Medica Choice National		
Provider Network				
Employee	12 \$661.12	12 \$851.43		
Employee + Spouse	4 \$1,355.30	2 \$1,745.43		
Employee + Child(ren)	3 \$1,156.96	6 \$1,489.99		
Employee + Family	10 \$1,917.25	1 \$2,469.14		
Employee Total	\$19,172.48	\$17,880.03		
Dependent Total	\$16,825.54	\$7,237.07		
Combined Monthly Total		\$61,115.12		
% Variance		0.36%		

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions.

*Please refer to the benefit summary for more specific details regarding this benefit.

^Please refer to the carrier proposal and/or benefit summary for more specific details.

Prepared by: Benefit Management, Inc

		Assurity	Competitor	Difference
Emergency Care	Initial Treatment Physician	\$75.00	\$50.00	\$25.00
	Initial Treatment Urgent Care	\$75.00	\$75.00	\$0.00
	Initial Treatment Emergency Room	\$150.00	\$100.00	\$50.00
	Telemed	\$30.00	-	\$30.00
	Ambulance Ground	\$150.00	\$500.00	\$350.00
	Ambulance Air	\$450.00	-	\$450.00
	X-Ray	\$150.00	-	\$150.00
	Diagnostic Exams	\$75.00	\$100.00	\$25.00
	Blood, Plasma, Platelets	\$450.00	-	\$450.00
	Observation ER 4-20Hr	\$37.50	-	\$37.50
	Observation ER 20+Hr	\$75.00	-	\$75.00
Supportive Care	Follow-up x2	\$75.00	\$50.00	\$25.00
	Physical/Occ/Speech Therapy x6	\$45.00	\$25.00	\$20.00
	Chiro/Acupuncture x2	\$45.00	-	\$45.00
	Epidural Pain Management	\$75.00	-	\$75.00
	Prescription Meds	\$7.50	-	\$7.50
	Medical Supplies	\$7.50	-	\$7.50
	Appliances	\$187.50	\$50.00	\$137.50
	Prosthetic Device One	\$750.00	-	\$750.00
	Prosthetic Device Multiple	\$1,500.00	\$500.00	\$1,000.00
	Residence/Vehicle Modification	\$750.00	\$1,000.00	\$250.00
	Transportation Ground	\$150.00	\$100.00	\$50.00
	Transportation Air	\$375.00	-	\$375.00
	Lodging	\$150.00	\$150.00	\$0.00
Specific Injury Care	Burns	\$750.00	\$5,000.00	\$4,250.00
	Child Organized Sport	10%	-	10%
	Coma	\$15,000.00	\$500.00	\$14,500.00
	Concussion	\$37.50	-	\$37.50
	Dental Emergency - Crown	\$150.00	\$150.00	\$0.00
	Dental Emergency - Extract	\$45.00	-	\$45.00
	Dislocation Open	\$3,000.00	\$3,000.00	\$0.00
	Dislocation Closed	\$1,500.00	\$1,500.00	\$0.00
	Ear Injury	\$150.00	-	\$150.00
	Eye Injury	\$150.00	-	\$150.00
	Fracture Open	\$3,000.00	\$3,000.00	\$0.00
	Fracture Closed	\$1,500.00	\$1,500.00	\$0.00
	Gunshot Wound	\$750.00	-	\$750.00
	Laceration	\$75.00	\$400.00	\$325.00
	Occupational HIV	\$450.00	-	\$450.00
	Paralysis - Quad	\$22,500.00	-	\$22,500.00
	Paralysis - Para	\$11,250.00	-	\$11,250.00
	Poisoning	\$37.50	-	\$37.50
	PTSD	\$300.00	-	\$300.00
	Traumatic Brain Injury	\$450.00	-	\$450.00
Hospital Care	Hospital Admission	\$750.00	\$750.00	\$0.00
	Hospital Confinement Daily	\$150.00	\$100.00	\$50.00
	ICU Daily	\$300.00	\$300.00	\$0.00
	Sub-Acute ICU Daily	\$225.00	-	\$225.00
	Rehab Unit Daily	\$150.00	\$50.00	\$100.00
	Child Care Daily	\$30.00	\$20.00	\$10.00
Surgical Care	Open Abdominal, Thoracic or Cranial	\$1,500.00	\$1,000.00	\$500.00
	Tendon, Ligament, Rotator Cuff or Knee Cartilage	\$750.00	-	\$750.00
	Ruptured Disc	\$750.00	-	\$750.00
	Hernia	\$375.00	-	\$375.00
	Exploratory	\$375.00	-	\$375.00
	Misc. Outpatient Surgery	\$150.00	-	\$150.00
	Anesthesia	\$150.00	-	\$150.00
Wellness	Preventive	\$50 2x per person per year max 4x per policy per year EE Only: \$100 Max/yr. ES/EC/Fam: \$200 Max/yr.	- Per insured Person	
AD&D	Acc Death	\$30,000.00	\$10,000.00	\$20,000.00
	Acc Death - seatbelt	\$7,500.00	-	\$7,500.00
	Acc Death - Common Carrier	\$75,000.00	\$20,000.00	\$55,000.00
	Acc Death - Child Education	\$750.00	-	\$750.00
	Acc Dismemberment	\$30,000.00	\$10,000.00	\$20,000.00
	Monthly Rates	Assurity	Competitor	Difference
	Employee Only	\$11.72	\$8.55	3.17
	Employee & Spouse	\$20.42	\$15.25	5.17
	Employee & Child(ren)	\$25.00	\$22.50	2.50
	Family	\$36.83	\$28.75	8.08

		Assurity	Competitor
Underwriting	Pre Tax Capability	Yes	
	Eligibility Hours	20+	
	Pre-Ex	Waived at Open Enrollment For Those With Existing Coverage	
	Late Entrant Pre-Ex	12 - 12	
	Guarantee Issue	Yes	
	Re-Enrollment GI	Yes. GI at Open Enrollment Every year for ALL Employees	
	GI Amount	\$30,000	\$10,000.00
	Spouse	50% of Employee	50% of employee
	Child GI	25% of Employee	25% of Employee
	Children Free?	Yes	
	Waiver of Premium	90 Days	
	Recurrence Benefit	100% - 12 Month Separation	
	Additional Diagnosis Benefit	30 Day Separation - pays for all conditions listed	
Covered Conditions	Portability	Yes	Yes
	Benefit Reduction	Benefits do NOT reduce	
		Assurity	Competitor
	Heart Attack	100%	100%
	Coronary Bypass Surgery	25%	25%
	Stroke	100%	
	End Stage Renal Failure	100%	
	Major Organ Transplant	100%	100%
	Cancer - Invasive	100%	100%
	Cancer - In Situ	25%	25%
	Skin Cancer	\$250	
	Advanced Alzheimer's	100%	
	Coma	100%	
	Paralysis	100%	
	Loss of Sight	100%	
	Loss of Speech	100%	
	Loss of Hearing	100%	
	Advanced Parkinson's	100%	
	Benign Brain Tumor	100%	
	Occupational HIV	100%	
	Sudden Cardiac Arrest		
	Angioplasty		
	Loss of Independent Living		
	Advanced ALS		
	Severe Burns		
	Bone Marrow Transplant		50%
	Multiple Sclerosis		
	Schizophrenia		
	Transient Ischemic Attack (TIA)		
Cardiopulmonary Rider	Return of Premium on Non CI Death		
	Mitral Valve Replacement or Repair	50%	
	Aortic Valve Replacement or Repair	50%	
	Surgical Treatment of Abdominal Aortic Aneurysm	50%	
	Pulmonary Embolism	25%	
	Idiopathic Pulmonary Fibrosis	25%	
	Angio Jet Clot Busting	10%	
	Atherectomy	10%	
	Stent Implementation	10%	
	Cardiac Catheterization	10%	
	Automatic Implantable Cardioverter Defibrillator	10%	
	Pacemaker Placement	10%	
Childhood CI Rider	Valvuplasty	10%	
	Specified Disease Rider		
	Health Screening Rider	\$50	
		Per calendar year for each insured person	
	Genetic Screening Rider		
	Increasing Benefit Rider		
	Cystic Fibrosis		
	Cerebral Palsy		
	Cleft Lip or Palate		
	Down Syndrome		
Monthly Rates	Phenylalanine Hydroxylase Deficiency		
	Spina Bifida		
	Type I Diabetes		
	Complex Congenital Heart Disease		
		Assurity vs Competitor	
		\$10,000 EE Only	
		Blended	Blended
			Difference
	18-24	\$3.96	\$3.20
	25-29	\$5.30	\$3.20
	30-34	\$6.95	\$6.20
	35-39	\$10.01	\$6.20
	40-44	\$13.60	\$13.70
	45-49	\$18.69	\$13.70
	50-54	\$26.03	\$28.80
	55-59	\$35.97	\$28.80
	60-64	\$44.93	\$58.80
	65-69	\$58.93	\$58.80
	70+	\$86.85	n/a