



AGENDA

HUMAN RESOURCES COMMITTEE MEETING

September 10, 2019

5:00 P.M. – 1201 S. Washington Ave.

REO Town Depot

Call to Order

Roll Call

Public Comments on Agenda Items

1. Human Resources Committee Meeting Minutes of June 25, 2019.....**TAB 1**
2. PA152 Health Care Premium Sharing Resolution**TAB 2**
3. Health Care Option for Non-Bargaining Employees**INFO ONLY**

Other

Adjourn

HUMAN RESOURCES COMMITTEE

Meeting Minutes

June 25, 2019

The Human Resources Committee of the Lansing Board of Water and Light (BWL) met at the BWL Headquarters-REO Town Depot located at 1201 S. Washington Ave., Lansing, MI, at 10:00 a.m. on Tuesday, June 25, 2019.

Human Resources (HR) Committee Chairperson Tracy Thomas called the meeting to order and asked the Corporate Secretary to call the roll. The following members were present: Commissioners Tracy Thomas, Tony Mullen, Sandra Zerkle and Voting Alternate Member David Price. Also, present: Commissioners Beth Graham, David Lenz (via phone) and Ken Ross (via phone).

Absent: Commissioner Anthony McCloud

Public Comments

None

Approval of Minutes

Motion by Commissioner Price, **Seconded** by Commissioner Mullen, to approve the Human Resources Committee meeting minutes and the Closed Session meeting minutes of May 21, 2019.

Action: Motion Carried.

Interview Candidates for the Charter Appointed Position of Internal Auditor

The Human Resources (HR) Committee Interview two candidates for the Charter Appointed position of Internal Auditor, in accordance with Section 5-202.2 of the Lansing City Charter, which states: "The Board shall appoint an Internal Auditor who shall report directly to the Board. The Internal Auditor shall serve at the pleasure of the Board."

The HR Committee members presented the two candidates with hypothetical situation questions as well as questions about previous experiences in particular work areas.

At the liberty of HR Committee Chair Thomas, the Human Resources Committee meeting recessed upon conclusion of each interview to allow the interviewing candidate to exit. The meeting reconvened at the arrival of the next interviewing candidate.

Upon conclusion of the final interview, the HR Committee completed the Rubrics scoring and deliberated on each candidate. The following motion was offered upon conclusion of deliberations:

Motion by Commissioner Price, **Seconded** by Commissioner Zerkle to submit by Resolution the selected candidate for the Charter appointed position of Internal Auditor, to the full Board for consideration.

Action: Motion Carried (3/1 Mullen dissenting)

There was a brief discussion regarding a compensation package for offering. The HR Committee directed BWL's Human Resources Executive Director Flowers to extend an offer to the chosen candidate and to finalize the compensation package as discussed on behalf of the Board of Commissioners.

Excused Absence

Motion by Commissioner Price, **Seconded** by Commissioner Mullen to excuse Commissioner McCloud from tonight's meeting.

Action: Motion Carried

Other

None

Adjourn

Motion by Commissioner Price, **Seconded** by Commissioner Mullen, to adjourn the meeting.

Action: Motion Carried

Meeting adjourned at 1:27 p.m.

Respectfully Submitted,
Tracy Thomas, Chair
Human Resources Committee

Public Employer Contributions to Medical Benefit Plans

HR Committee Meeting
September 10, 2019





Public Act 152 – Publicly Funded Health Insurance Contribution Act

- Adopted by the Legislature and signed into law by the Governor as Act 152 of 2011
- The Act caps the amount a public employer, including municipal utility systems, may pay for employee health care insurance.
- Required public employees to be responsible for a larger portion of their health care cost after September 1, 2012

Public Act 152, 2011

- The BWL has three options:
 - Comply with PA 152 and limit expenditures on health care cost based on a schedule of dollars provided in the Act using the Hard Cap as updated annually; or
 - Limit expenditures on health care cost based on a 80/20 percentage split, requiring a majority vote; or
 - Exempt itself entirely from the Act & choose some other percentage of Premium sharing, requiring a 2/3 vote

Alternatives Utilizing Option 3 to Opt-Out of Act 152, 2011 – Various Premium Sharing Options

| Benefit Plan | 2020 PA 152 Cap | 1/1/20 Annual Benefit Cost (Employer Portion Only) | Difference | 1/1/20 Employee Per Pay Period Premium | | | | |
|----------------|-----------------|--|------------|--|----------|----------|----------|----------|
| | | | | 14% | 16% | 18% | 20% | Hard Cap |
| Single | \$6,818.87 | \$6,337.65 | \$481.22 | \$42.66 | \$48.75 | \$54.85 | \$60.94 | \$42.43 |
| Empl +1 | \$14,260.37 | \$14,259.85 | \$0.52 | \$95.98 | \$109.69 | \$123.4 | \$137.11 | \$137.09 |
| Family | \$18,596.96 | \$17,745.53 | \$851.43 | \$119.44 | \$136.50 | \$153.57 | \$170.63 | \$137.88 |

The Union contract states that effective November 1, 2012 premium sharing for applicable insurance premium for hospital, medical and surgical, and prescription drug insurance plans will be approved and directed by the Board of Commissioners as prescribed by Public Acct 152 of 2011.

*PA 152 State Hard Cap Numbers for 2020 finalized and reflected in chart above.

Affordable Care Act (ACA)

- Affordability provision for 1-1-20 in the Act stipulates Health Insurance premiums cannot exceed 9.78% of the employees income. This chart shows the maximum safe Premium sharing while still complying with the Affordable provision of the ACA.
- *In 2020, entities must add Opt Out/Waiver pay in affordability calculations. Under ACA guidelines, it is required that entities count dollars paid for waivers as a lost cost to employees. Therefore the Opt Out/Waiver amount must be added to any premiums being paid by the employees to calculate affordability.*

AFFORDABILITY utilizing RATE OF PAY SAFE HARBOR -- Using the 1-1-20 BWL Single monthly health care rate of \$660.17

| Lowest Paying Positions | Hourly Salary Rate | Annual Salary | Monthly Salary | Monthly Premium Sharing allowed 9.78% (a) | Monthly Total Opt Out and Single Premium Share (b=c+d) | Maximum Opt out monthly (c) | Monthly Single Premium Sharing @ 20% (d) |
|-------------------------|--------------------|---------------|----------------|---|--|-----------------------------|--|
| Coal Cleaner | \$21.69 | \$45,115 | \$3759.60 | \$367.69 | \$318.03 | \$186.00 | \$132.03 |
| Collections Clerk | \$22.04 | \$45,843 | \$3,820.27 | \$373.62 | \$318.03 | \$186.00 | \$132.03 |
| Admin, IT Security | \$23.52 | \$48,922 | \$4,076.80 | \$398.71 | \$318.03 | \$186.00 | \$132.03 |
| Developer 1 | \$23.56 | \$49,005 | \$4,083.73 | \$399.39 | \$318.03 | \$186.00 | \$132.03 |

If a < b, then plan is not affordable. This plan passes affordability test.

Proposed Resolution

To Amend Employee Contribution to Medical Benefit Plans

WHEREAS, Governor Rick Snyder, on September 27, 2011, signed legislation known as the “Public Funded Health Insurance Contribution Act”, Public Act 152 of 2011 limiting the amount public employers may pay for government employee medical benefits, and;

WHEREAS, Public Act 152 of 2011 took effect January 1, 2012 and applies to all public employers including the Lansing Board of Water & Light, and;

WHEREAS, Public Act 152 of 2011 created a “hard cap” for medical benefit plan years beginning January 1, 2012, such that a public employer may not pay more than the statutory caps for medical benefit plans, and;

WHEREAS, by a 2/3 vote of its governing body each year, a public employer may exempt itself from the requirements of Public Act 152 of 2011 prior to each benefit plan year, and;

WHEREAS, the Board of Commissioners have met each year and passed a resolution exempting the Lansing Board of Water & Light from the “hard cap” of Public 152 of 2011 and established premium sharing amounts for the applicable benefit plan years, as follows:

| Date | Resolution No. | Premium Sharing | Effective Date |
|--------------------|-----------------------|--|---|
| July 24, 2012 | (#2012-07-01) | 10% All Active Employees | January 1, 2013 |
| July 23, 2013 | (#2013-07-02) | 12% All Active Employees | January 1, 2014 |
| September 23, 2014 | (#2014-09-03) | 12% All Active Employees | January 1, 2015 |
| July 28, 2015 | (#2015-07-12) | 12% All Active Employees | January 1, 2015 |
| November 17, 2015 | (#2015-11-02) | 12% - Union Employees 14% - Non-Union Employees | January 1, 2016- 12% Union Effective July 1, 216 – 14% Non-Union |
| November 15, 2016 | (#2016-11-06) | 14% All Active Employees | January 1, 2017 |
| September 26, 2017 | (#2017-09-01) | 16% All Active Employees | January 1, 2018 |
| September 25, 2018 | (#2018-09-01) | 18% All Active Employees | January 1, 2019 |

RESOLVE that the Board by at least 2/3 vote desires to exempt itself from the requirements of Public Act 152 of 2011 for the upcoming benefit plan year, effective January 1, 2020 through December 31, 2020.

FURTHER RESOLVE that the Board desires to increase premium sharing from 18% to 20% for all active employees for medical benefits effective January 1, 2020.



Having health insurance and understanding it are two very different things. Health insurance provides you coverage for your care. The value of that coverage is having protection when you need the care.



Hometown People. Hometown Power.SM

2020 NBU Healthcare Options

Learn about your medical and pharmacy insurance before you have to use it!

2020 NBU Plan Options

| Type Of Plan | Current | Alternate |
|---|---|------------------|
| | Blue Option | Green Option |
| | PPO - same network - same doctors - same services | |
| Deductible | \$250/\$500 | \$1,000/\$2,000 |
| Percent Coinsurance | 0% | 10% |
| Coinsurance Maximum | N/A | \$1,000/\$2,000 |
| Out of Pocket Maximum | \$6,350/\$12,700 | \$6,350/\$12,700 |
| Preventative Services | Covered 100% | Covered 100% |
| Office Visit Copay | \$15 | \$30 |
| Specialist Office Visit Copay | \$15 | \$30 |
| Chiropractic Office Visit Copay | \$20 | \$30 |
| Fast Care | \$15 | \$30 |
| Urgent Care Copay | \$25 | \$40 |
| Emergency Room Copay | \$200 | \$200 |
| Generic Rx | \$5 | \$15 |
| Preferred Brand Name | \$25 | \$30 |
| Non Preferred Brand Name and Specialty Rx | \$25 | \$60 |
| Mail Order/Walgreens 90 days | \$10/\$30/\$30 | \$30/\$60/\$120 |



HEALTHCARE 101

Premium Sharing

The amount that must be paid for your health insurance or plan is called a premium. You and the BWL share in this cost through Premium Sharing. Premium Sharing is the amount deducted on a **pretax basis** from your paycheck to purchase health insurance.



The BWL health insurance plan is self funded, meaning the BWL pays actual claims up to a deductible and fees for administration and catastrophic claims protection.



Illustrative Rates are generated every year based upon past claims history, future trend, and actual fees paid to insurance carriers to purchase the BWL's insurance plan.

100%

In 2019, employees pay 18% towards the total cost of medical and pharmacy coverage. The BWL pays the remaining 82%. This changes to 20% for employees Jan 1, 2020, with the BWL paying 80%.

@ 20%

Premium Sharing

Deducted from your paycheck on a pretax basis to purchase your share of the Health Insurance cost (shown annually).

How do the choices you make impact the cost of your health plan?

Every claim that every enrolled member has gets added up with trend to create premiums for the next year.

Reduce unnecessary costs-fewer Emergency Room Visits, change to generic medications, choosing the right location for care all impact these costs.

| Employee Current Per Pay |
|--------------------------|
| \$70.74 |
| \$159.16 |
| \$198.07 |

Blue Option

Green Option

| Enrollment | Total Annual Cost | Employee Share | Employer Share | 1/1/2020 per pay |
|------------|-------------------|----------------|----------------|------------------|
| Single | \$7,922 | \$1,584 | \$6,338 | \$60.94 |
| Two Person | \$17,825 | \$3,565 | \$14,260 | \$137.11 |
| Family | \$22,182 | \$4,436 | \$17,746 | \$170.63 |

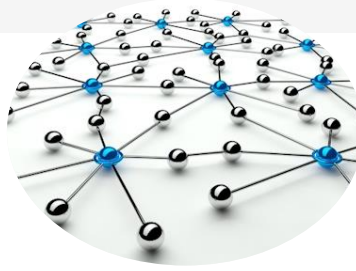
| Enrollment | Total Annual Cost | Employee Share | Employer Share | 1/1/2020 per pay |
|------------|-------------------|----------------|----------------|------------------|
| Single | \$6,266 | \$1,253 | \$5,013 | \$48.20 |
| Two Person | \$13,852 | \$2,770 | \$11,082 | \$106.56 |
| Family | \$17,239 | \$3,448 | \$13,791 | \$132.60 |

Your recent participation in wellness activities and better health decisions helps to decrease medical trend.

HEALTHCARE 101

PPO: In Network versus Out of Network

Health Care plans are all about networks. A PPO is a Preferred Provider Organization or a group of providers and facilities that have agreed to accept a discounted rate for services provided to members that utilize PHP's PPO Network.



PHP has negotiated discounted rates (allowed amounts) for services members receive with a group of providers and facilities



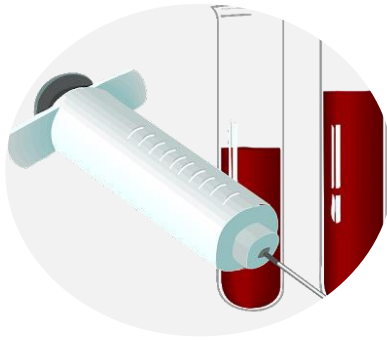
Members pay their share of the allowed amount with no balance billing on services received IN NETWORK.



Members pay their share of the allowed amount plus balance billing on services received OUT OF NETWORK. Out of Network cost sharing is higher than in network.

HEALTHCARE 101

Preventive Care



Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems. Services covered at no member cost and provided by a Primary Care Physician and Labs.

Covered 100%

Annual Health Exams in addition to Cervical Cancer and Pap Test Screenings

Immunizations including HPV, MMR, Tdap, Tetanus, Flu, Varicella

Blood Pressure, Depression, and Lung Cancer Screenings

Billed Preventatively at \$0 Member Cost

Mammograms, Colonoscopies, and Prostate Specific Antigen Tests

Well Baby and Child Exams

Diabetes, Cholesterol and lipid screenings

Blue Option

Flat Dollar or Fixed Copay

A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. Copays do not offset deductibles or coinsurance however, they do count towards Maximum or True Out of Pocket Costs.



**Office Visit or
Telemedicine
\$15 Copay**



**Specialist
Office Visit
\$15 Copay**



**Fast Care
\$15 Copay
Urgent Care
\$25 Copay**



**Chiropractic
Services
\$20 Copay**



**Emergency Room
\$200 Copay**



**Prescription Drug
\$5 / \$25**

Green Option

Flat Dollar or Fixed Copay

A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. Copays do not offset deductibles or coinsurance however, they do count towards Maximum or True Out of Pocket Costs.



**Office Visit or
Telemedicine
\$30 Copay**



**Specialist
Office Visit
\$30 Copay**



**Fast Care
\$30 Copay
Urgent Care
\$40 Copay**



**Chiropractic
Services
\$30 Copay**



**Emergency Room
\$200 Copay**



**Prescription Drug
\$15 / \$30 / \$60**

Primary Care Providers (PCP)

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you. Engage and start a relationship with a Primary Care Provider to reduce how much you pay for health care. Early detection is key.

HEALTHCARE 101



Start a conversation with your Primary Care Physician (PCP). Get your questions answered, schedule tests, follow-up.



Do you have high blood pressure? 3 in 10 do! Get it checked once a year to help reduce your risk for stroke and heart issues.



Help lower your risk of cancer by getting exercise, avoiding smoking and adding more fruits and vegetables to your diet.



Make the most of your appointment. Make a list of questions, know your medications and ask about prevention.



Understand your risk for diabetes. 1 in 4 has prediabetes. Reduce risks by losing weight, increasing exercise and reducing fat and calories in diet.



Know your Medications. How and when to take it? What is it for? What should you watch for?

HEALTHCARE 101

Telemedicine



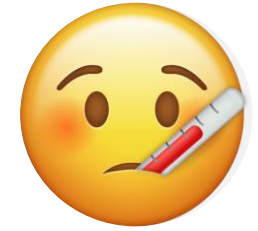
Amwell is a faster, easier way to see a doctor.



PHP utilizes Amwell for online doctor and urgent care visits. Now you can have live, on-demand video visits with a physician of your choice. Install the Amwell app today for doctors, therapists and specialists just a click away.



Access Anywhere, 24 hours a day, 365 days a year without an appointment. No more waiting rooms. Middle of the night. Prescriptions sent electronically to the pharmacy of your choice. Your records shared with your doctor.



Commonly used to treat the following conditions: Acne, Bug Bites, Cold Sores, Flu, Gout, Headaches, Pink Eye, Sinus Infections, Stomach Flu, Strep Throat, UTI's, etc. Member pays **\$15 copay for Blue Option** and **\$30 copay for Green**

***Make sure to sign up to use!**
<https://php.amwell.com>

Blue Option

Deductible

The amount you owe for health care services your health insurance plan covers before your health insurance plan begins to pay. Typically for services such as hospitalization, surgery, radiology, diagnostic services, therapy, etc. This is owed when medical services are received.



PHP's PPO plan has a \$250 deductible for singles and \$500 for families (2 or more).



Deductibles start over every January 1.



Once a single reaches \$250 in deductible and a family reaches \$500 in deductible, it is satisfied for the rest of the calendar year.



In the current Blue Option, one person cannot exceed \$250 in deductible even if part of a family.



It takes a second person in a family to start on the next \$250 with services received



The whole family cannot exceed \$500 in deductible.

Green Option

Deductible

The amount you owe for health care services your health insurance plan covers before your health insurance plan begins to pay. Typically for services such as hospitalization, surgery, radiology, diagnostic services, therapy, etc. This is owed when medical services are received.



PHP's PPO plan has a \$1,000 deductible for singles and \$2,000 for families (2 or more).



Deductibles start over every January 1.



Once a single reaches \$1,000 in deductible and a family reaches \$2,000 in deductible, it is satisfied for the rest of the calendar year.



In the Green Option, one person cannot exceed \$1,000 in deductible even if part of a family.



It takes a second person in a family to start on the next \$2,000 with services received



The whole family cannot exceed \$2,000 in deductible.

Blue Option

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 10%, 20%, 30%) of the allowed amount for the service after a deductible is met.

**The Blue Option has
0% coinsurance.**



The current Blue Option medical plan does not have coinsurance, but most plans do. Once the deductible is met, the member is responsible for a percent coinsurance up to a maximum amount.



The coinsurance starts over every January 1, just like deductibles do.

Coinsurance works like Deductibles do. Singles up to the maximum single amount and a two person or family up to the family amount when a second person starts having services.



There is a maximum amount for singles and families like a deductible and once the maximum is met, the coverage sets to \$0 owed.

Green Option

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 10%, 20%, 30%) of the allowed amount for the service after a deductible is met.

**The Green Option has
10% coinsurance.**



The Green Option medical plan has **10% coinsurance.**

Once the deductible is met, the member is responsible for 10% percent coinsurance up to a maximum **\$1,000 if single,** **\$2,000 if a family** **(2 or more).**



The coinsurance starts over every January 1, just like deductibles do.

Coinsurance works like Deductibles do. Singles up to the maximum single amount and a two person or family up to the family amount when a second person starts having services.



There is a maximum amount for singles and families like a deductible and once the maximum is met, the coverage sets to \$0 owed.

Blue Option

Pharmacy Copays

The fixed amount you pay per prescription drug at the point of sale, typically at the pharmacy or via mail order provider. Different flat dollar copays apply to different types of medications.

Tier 1



\$5.00

Generic Drug

A generic drug is a pharmaceutical drug that is equivalent to a brand-name product in dosage, strength, route of administration, quality, performance and intended use.

Tier 2



\$25.00

Preferred Brand Name Drug

A preferred brand name drug is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected for preferred status based on its proven clinical and cost effectiveness.

Tier 3



\$25.00

Non Preferred Brand Name Drug and Specialty Drugs

A non-preferred brand name drug is a medication that has been reviewed by the same team of physicians and pharmacists who determined that an alternative drug that is clinically equivalent and most cost effective is available. Specialty drugs or specialty pharmaceuticals are a recent designation of pharmaceuticals that are classified as high-cost, high complexity and/or high touch. Specialty drugs are often biologics—"drugs derived from living cells" that are injectable or infused (although some are oral medications).

Green Option

Pharmacy Copays

The fixed amount you pay per prescription drug at the point of sale, typically at the pharmacy or via mail order provider. Different flat dollar copays apply to different types of medications.

Tier 1



\$15.00

Generic Drug

A generic drug is a pharmaceutical drug that is equivalent to a brand-name product in dosage, strength, route of administration, quality, performance and intended use.

Tier 2



\$30.00

Preferred Brand Name Drug

A preferred brand name drug is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected for preferred status based on its proven clinical and cost effectiveness.

Tier 3



\$60.00

Non Preferred Brand Name Drug and Specialty Drugs

A non-preferred brand name drug is a medication that has been reviewed by the same team of physicians and pharmacists who determined that an alternative drug that is clinically equivalent and most cost effective is available. Specialty drugs or specialty pharmaceuticals are a recent designation of pharmaceuticals that are classified as high-cost, high complexity and/or high touch. Specialty drugs are often biologics—"drugs derived from living cells" that are injectable or infused (although some are oral medications).

HEALTHCARE 101

90 day supplies and mail order

Allows the member to fill a 90 day supply of maintenance medication at retail via Walgreens pharmacy or via Express Scripts Home Delivery.

For Retail at Walgreens, member must have a script from the doctor written for a 90 day fill and request same from pharmacy.



EXPRESS SCRIPTS®

You can trust the Express Scripts Pharmacy to deliver more:

Savings – with lower copayments, you may see your savings add up quickly.

Buy two months get one month free at **\$10 and \$50 Copays on most maintenance medications for the Blue Option,**
and **\$30, \$60, and \$120 Copays for the Green Option**

Convenience – 90-day supply, free standard shipping, flexible payment options and automatic refills.

Choose the Express Scripts Pharmacy ... **At Home.**SM

Voluntary Smart 90 program at Walgreens. Same savings, only at retail.

HEALTHCARE 101

True Out of Pocket Maximum (TROOP)

Under the Affordable Care Act, all plans had to institute a True Out of Pocket Maximum to members enrolled.



Includes
Deductible,
Coinsurance, and
Medical and
Pharmacy Copays



Excludes premium
contributions from
Paycheck, out of
network services,
balance billing and
non medically
necessary services



Capped at **\$6,350**
for singles and
\$12,700 for
families for both
the Blue and the
Green Option.

ESTIMATING COSTS

| Date | Service | Approved Amount | Blue Option | | | Green Option | | |
|-------------------------------|--------------------------------------|-----------------|----------------|-------------------------|-------------------------|----------------|-------------------------|-------------------------|
| | | | Blue Option | Employee Responsibility | Employer Responsibility | Green Option | Employee Responsibility | Employer Responsibility |
| 1-Feb | Mom Well Visit and Labs | \$350 | Preventative | \$0 | \$350 | Preventative | \$0 | \$350 |
| 3-Mar | Dad goes to Chiropractor | \$100 | Copay | \$20 | \$80 | Copay | \$30 | \$70 |
| 25-Mar | Dad Well Vist and Labs | \$350 | Preventative | \$0 | \$350 | Preventative | \$0 | \$350 |
| 2-Apr | Dad goes to Chiropractor | \$100 | Copay | \$20 | \$80 | Copay | \$30 | \$70 |
| 1-May | Son earache and goes to PCP | \$90 | Copay | \$15 | \$75 | Copay | \$30 | \$60 |
| 1-Jun | Mom gets flu and goes to PCP | \$90 | Copay | \$15 | \$75 | Copay | \$30 | \$60 |
| 6-Jul | Mom gets Script | \$35 | Copay | \$5 | \$30 | Copay | \$15 | \$20 |
| 5-Aug | Dad goes to Chiropractor | \$100 | Copay | \$20 | \$80 | Copay | \$30 | \$70 |
| 10-Aug | Son well visit | \$85 | Preventative | \$0 | \$85 | Preventative | \$0 | \$85 |
| 12-Sep | Dad cuts finger, urgent care | \$400 | Copay | \$25 | \$375 | Copay | \$40 | \$360 |
| 15-Sep | Child goes to Emergency room | \$1,000 | Copay | \$200 | \$800 | Copay | \$200 | \$800 |
| 15-Oct | Child needs an MRI | \$500 | Deductible | \$250 | \$250 | Deductible | \$500 | \$0 |
| 21-Dec | Dad gets concussion - X Ray required | \$500 | Deductible | \$250 | \$250 | Deductible | \$500 | \$0 |
| TOTALS | | \$3,700 | TOTAL | \$820 | \$2,880 | TOTAL | \$1,405 | \$2,295 |
| Family Premium Sharing | | | \$4,436 | | \$17,746 | \$3,448 | | \$13,791 |
| Total Cost | | | \$5,256 | | \$20,626 | \$4,853 | | \$16,086 |



Having health insurance and understanding it are two very different things. Health insurance provides you coverage for your care. The value of that coverage is having protection when you need the care.



Hometown People. Hometown Power.SM

2020 NBU Plan Options

Thank you!