



Hamilton County School District
Medical Cost Comparison
Effective Date of Coverage: 10/1/2022

Medical Insurance: Negotiated

Carrier					Negotiated				
Website		floridablue.com							
Plan		Current			Proposed				
Plan Name		05192/05193	05302	05360	05771	05192/05193	05302	05360	05771
Plan Type		BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Open Access		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
In Network Benefits	Deductible	Calendar Year (CYD) \$2,500/\$5,000	Calendar Year (CYD) \$5,000/\$10,000	Calendar Year (CYD) \$1,500/\$4,500	Calendar Year (CYD) \$1,500/\$4,500	Calendar Year (CYD) \$2,500/\$5,000	Calendar Year (CYD) \$5,000/\$10,000	Calendar Year (CYD) \$1,500/\$4,500	Calendar Year (CYD) \$1,500/\$4,500
	DED Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	Coinurance	20%	30%	20%	20%	20%	30%	20%	20%
	Max OOP (S/F)	\$5,800/\$11,600*	\$6,350/\$12,700	\$5,000/\$10,000	\$4,500/\$9,000	\$5,800/\$11,600*	\$6,350/\$12,700	\$5,000/\$10,000	\$4,500/\$9,000
	PCP Visit	20% after CYD	\$30	\$25	\$30	20% after CYD	\$30	\$25	\$30
	Specialist	20% after CYD	\$55	\$50	\$55	20% after CYD	\$55	\$50	\$55
	Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Urgent Care	20% after CYD	\$60	\$55	\$60	20% after CYD	\$60	\$55	\$60
	Inpatient Hospital	20% after CYD	30% after CYD	20% after CYD	20% after CYD	20% after CYD	30% after CYD	20% after CYD	20% after CYD
	Outpatient Surgical	20% after CYD	30% after CYD	20% after CYD	20% after CYD	20% after CYD	30% after CYD	20% after CYD	20% after CYD
Rx	Routine Lab & X-Ray	Lab: CYD Xray: 20% after CYD	Lab: \$0 Xray: 30% after CYD	Lab: \$0/Xray: \$50	Lab: \$0/Xray: \$50	Lab: CYD Xray: 20% after CYD	Lab: \$0 Xray: 30% after CYD	Lab: \$0/Xray: \$50	Lab: \$0/Xray: \$50
	Complex Imaging	20% after CYD	30% after CYD	\$450	\$250	20% after CYD	30% after CYD	\$450	\$250
	Emergency Room	20% after CYD	300	20% after CYD	\$250	20% after CYD	300	20% after CYD	\$250
	Deductible	CYD	\$0	\$0	\$0	CYD	\$0	\$0	\$0
OON	Retail (in-network)	\$10/\$50/\$80	\$10/20%/NC	\$10/20%/NC	\$10/\$60/\$100	\$10/\$50/\$80	\$10/20%/NC	\$10/20%/NC	\$10/\$60/\$100
	Mail Order	\$25/\$125/\$200	\$25/20%/NC	\$25/20%/NC	\$25/\$150/\$250	\$25/\$125/\$200	\$25/20%/NC	\$25/20%/NC	\$25/\$150/\$250
	Deductible	\$5,000/\$10,000	\$10,000/\$30,000	\$3,000/\$9,000	\$4,500/\$13,500	\$5,000/\$10,000	\$10,000/\$30,000	\$3,000/\$9,000	\$4,500/\$13,500
	Coinurance	40%	50%	40%	50%	40%	50%	40%	50%
Cost	Maximum OOP	\$11,600/\$23,200	\$20,000/\$40,000	\$8,000/\$16,000	\$9,000/\$18,000	\$11,600/\$23,200	\$20,000/\$40,000	\$8,000/\$16,000	\$9,000/\$18,000
	Emergency Room	20% after CYD	300	20% after CYD	\$250	20% after CYD	300	20% after CYD	\$250
Number of Employees									
Rates	Employee Only	6	\$759.12	96	\$679.03	20	\$903.22	11	\$1,031.05
	Employee + Spouse	0	\$1,354.91	1	\$1,616.08	0	\$2,149.65	0	\$2,453.91
	Employee + Child(ren)	0	\$1,047.49	4	\$1,249.40	2	\$1,661.91	0	\$1,897.14
	Employee + Family	2	\$1,776.19	0	\$2,118.55	0	\$2,818.03	0	\$3,216.89
	Monthly Plan Cost		\$8,107.10		\$71,800.56		\$21,388.22		\$11,341.55
Percent change by plan						3.81%	3.59%	3.59%	3.59%
Cost	Total Annual Cost				\$1,351,649				\$1,400,353
	Annual \$ Difference				N/A				\$48,704
					N/A				3.60%
Notes		*individual max OOP contribution = \$6,850				*individual max OOP contribution = \$6,850			

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policy and contract. See your policy or contact us for specific information or further details on this regard.

