

## Hamilton County School District Medical Cost Comparison

Effective Date of Coverage: 10/1/2021

Medical Insurance: Renewal

	Carrier								
	Website	florida				blue.com			
	Plan	Current				Renewal			
	Plan Name	05192/05193	05302	05360	05771	05192/05193	05302	05360	05771
	Plan Type	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Г	Open Access	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Deductible	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)	Calendar Year (CYD)
	No. of West Street Supplement	\$2,500/\$5,000	\$5,000\$10.000	\$1,500/\$4,500	\$1,500/\$4,500	\$2,500/\$5,000	\$5,000\$10.000	\$1,500/\$4,500	\$1,500/\$4,500
8	DED Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	Coinsurance	20%	30%	20%	20%	20%	30%	20%	20%
it s	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
ē	PCP Visit	20% after CYD	\$30	\$25	\$30	20% after CYD	\$30	\$25	\$30
å	Specialist	20% after CYD	\$55	\$50	\$55	20% after CYD	\$55	\$50	\$55
논	Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Urgent Care	20% after CYD	\$60	\$55	\$60	20% after CYD	\$60	\$55	\$60
In Network Benefits	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
٩	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
	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				CYD			
č	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
	Coinsurance	40%	50%	40%	50%	40%	50%	40%	50%
NOO	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
0	Emergency Room	20% after CYD	\$300	20% after CYD	\$250	20% after CYD	\$300	20% after CYD	\$250
	Number of Employees								
	Employee Only	6 \$723.39	96 \$647.07	20 \$860.71	11 \$982.52	6 \$759.12	96 \$679.03	20 \$903.22	11 \$1,031.05
	Employee + Spouse	0 \$1,291.14	1 \$1,540.02	0 \$2,048.47	0 \$2,338.41	0 \$1,354.91	1 \$1,616.08	0 \$2,149.65	0 \$2,453.91
S	Employee + Child(ren)	0 \$998.19	4 \$1,190.60	2 \$1,583.69	0 \$1,807.85	0 \$1,047.49	4 \$1,249.40	2 \$1,661.91	0 \$1,897.14
Rates	Employee + Family	2 \$1,692.59	0 \$2,018.84	0 \$2,685.40	0 \$3,065.48	2 \$1,776.19	0 \$2,118.55	0 \$2,818.03	0 \$3,216.89
"	Monthly Plan Cost	\$7,725.52	\$68,421.14	\$20,381.58	\$10,807.72	\$8,107.10	\$71,800.56	\$21,388.22	\$11,341.55
		Po	ercent change by plan			4.94%	4.94%	4.94%	4.94%
	Total Annual Cost	\$1,288,032				\$1,351,649			
Cost	Annual \$ Difference	N/A				\$63,618			
S	Annual % Difference	N/A				4,94%			
	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 cure savings, etc. There are many variables that can affect future health care exists method in guarantee of future period in the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard

