## Red Wing Public Schools Medical Plan Summary

## Fully Insured and Health Insurance Pools Proposals - Finalist Bids





Blue Cross Blue Shield Current   Fully Insured													
Dide Gross Dide Griefa Current   Fully insured													
CURRENT   1/1/2024 - 12/31/2024													
Estimated Enrollment							Monthly Rates - Plan 1   \$7,000	Monthly Rates - Plan 2   \$5000	Monthly Rates - Plan 3   \$3,000	Monthly Rates - Plan 4   \$3,000	Monthly Rates - Plan 5   \$5,000	Monthly Rates - Plan 6   \$7000	
	Plan 1   \$7,000 Open Access		Plan 3   \$3000 Open Access	Plan 4   \$3000 High Value	Plan 5   \$5000 High Value	Plan 6   \$7000 High Value							
Single	33	25	16	15	21	19	\$815.31	\$905.94	\$1,000.20	\$807.09	\$725.00	\$660.63	
Family	18	15	22	10	24	14	\$2,045.75	\$2,273.14	\$2,509.67	\$2,025.11	\$1,819.15	\$1,657.63	
Estimated M	stimated Monthly Total \$318,691												
Estimated A	Estimated Annual Total \$3,824,293												
Annual Dolla	ar Difference from	Current											
Percentage	Percentage Difference from Current												

Blue Cross Blue Shield   Fully Insured - Best and Final Renewal Rates																				
RENEWAL   1/1/2025 - 12/31/2025																				
Estimated Enrollment							Monthly Rates - Plan 1   \$7,000		Monthly Rates - Plan 2   \$5000		Monthly Rates - Plan 3   \$3,000		Monthly Rates - Plan 4   \$3,000		Monthly Rates - Plan 5   \$5,000		Monthly Rates - \$7000	- Plan 6		
	Plan 1   \$7,000 Open Access			Plan 4   \$3000 High Value	Plan 5   \$5000 High Value	Plan 6   \$7000 High Value														
Single	33	25	16	15	21	19	\$912.79	12.0%	\$1,005.59	11.0%	\$1,118.79	11.9%	\$907.95	12.5%	\$816.02	12.6%	\$743.78	12.6%		
Family	18	15	22	10	24	14	\$2,290.35	12.0%	\$2,523.20	11.0%	\$2,807.22	11.9%	\$2,278.21	12.5%	\$2,047.53	12.6%	\$1,866.28	12.6%		
Estimated Monthly Total							\$356,934													
Estimated Annual Total								\$4,283,206												
Annual Dollar Difference from Current								\$458,913												
Percentage Difference from Current								12.0%												
Second Year Rate Guarantee?													N/A							

United HealthCare   Fully Insured - Finalist Bid Rates																				
Alternative   1/1/2025 - 12/31/2025																				
Estimated Enrollment									Monthly Rates - Plan 2   \$5000		Monthly Rates - Plan 3   \$3,000		Monthly Rates - Plan 4   \$3,000		Monthly Rates - Plan 5   \$5,000		Monthly Rates \$7000	· Plan 6		
	Plan 1   \$7,000 Open Access			Plan 4   \$3000 High Value	Plan 5   \$5000 High Value	Plan 6   \$7000 High Value														
Single	33	25	16	15	21	19	\$992.97	21.8%	\$1,040.05	14.8%	\$1,119.34	11.9%	\$1,118.32	38.6%	\$1,038.39	43.2%	\$992.97	50.3%		
Family	18	15	22	10	24	14	\$2,491.53	21.8%	\$2,609.66	14.8%	\$2,808.61	11.9%	\$2,806.05	38.6%	\$2,605.50	43.2%	\$2,491.53	50.3%		
Estimated Monthly Total							\$405,382													
Estimated Annual Total							\$4,864,583													
Annual Dollar Difference from Current								\$1,040,289												
Percentage Difference from Current								27.20%												
Second Year Rate Guarantee?													N/A							