

In Network Benefits Sited Plan Number	10-1-2015 BCS RTS Pool	10-1-2016 BCBS RTS Pool		10-1-2017 BCBS RTS Pool		10-1-2018 BCBS RTS Pool		
	\$500/\$1000	\$500/\$1000	\$3250/\$6500	\$500/\$1000	\$3250/\$6500	\$500/\$1000	\$3375/\$6750 PrRX	\$6650/\$13,300 PrRX
Deductible								
Single	\$500	\$500	\$3,250	\$500	\$3,250	\$500	\$3,375	\$6,650
Family	\$1,000	\$1,000	\$6,500	\$1,000	\$6,500	\$1,000	\$6,750	\$13,300
Compatible with HSA/HRA	No	No	Yes	No	Yes	No	Yes	Yes
Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance after deductible	20%	20%	0%	20%	0%	20%	0%	0%
Out of Pocket Maximum								
Single	\$1,800	\$1,800	\$3,250	\$1,800	\$3,250	\$1,800	\$3,375	\$6,650
Family	\$5,000	\$5,000	\$6,500	\$5,000	\$6,500	\$5,000	\$6,750	\$13,300
Office Visits								
Office Visit /Urgent Care	\$25	\$25	0% after deductible	\$25	0% after deductible	\$25	0% after deductible	0% after deductible
Specialist	\$25	\$25	0% after deductible	\$25	0% after deductible	\$25	0% after deductible	0% after deductible
E - Visits	\$40	\$40	\$40	\$40	\$40	\$40	\$45	\$45
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Drug Formulary	Select	Select	Select	Select	Select	Select	Select	Select
Prescription Durgs								
Preferred Generic	\$9	\$9	0% after deductible	\$9	0% after deductible	\$9	0% after deductible	0% after deductible
Preferred Brand	\$40	\$40	0% after deductible	\$40	0% after deductible	\$40	0% after deductible	0% after deductible
Non-Preferred	\$90	\$90	Not covered	\$90	Not covered	\$90	Not covered	Not covered
Specialty	20% Coinsurance	20% Coinsurance	0% after deductible	20% Coinsurance	0% after deductible	20% Coinsurance	0% after deductible	0% after deductible
Preventive Drugs	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	ACA & BCBS Prev RX	ACA & BCBS Prev RX
Monthly Premium								
Single	\$518.50	\$565.00	\$458.00	\$757.00	\$613.50	\$794.00	\$653.00	\$526.50
Family	\$1,295.00	\$1,411.50	\$1,120.00	\$1,891.50	\$1,501.00	\$1,984.00	\$1,601.50	\$1,262.50
Primary Care Doctor	No	No	No	No	No	No	No	No
Referral Needed	No	No	No	No	No	No	No	No
Mayo Included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ER Contribution/month	100%	\$520	\$458	\$520	\$520	\$520	\$520	\$520
HSA Contribution/month	No	No	\$62	No	No	No	No	No
Renewal Data	HITA Bid Year		HITA Bid Year		HITA Bid Year		HITA Bid Year	
Incurring Claims	\$259,040		Utilization 124%				Period of 3-2016 to 2-2018	\$261,471
Income	\$87,428		\$142,933		\$120,104			\$252,321
Recommended Renewal	9%		\$115,525		\$82,161			4.90%
Actual Renewal Increase	9%		16.8%		39%		Utilization 103%	4.90%
Coop Renewal Spread			9%		34%			4.9% to 29.9%
					-23% to 168%			
								Plan changes 3250 to 3375 +2.5% added 6350, added PrX both plans

In Network Benefits Sited Plan Number	10-1-2020 BCBS RTS Pool		10-1-2021 to 12-31-2021 BCBS RTS Pool (3 months)		1-1-2022 to 12-31-2021 Medica RTS Pool (12 months)		1.1.2023 MEDICA RTS Pool	
	\$3375/\$6750 PrRX	\$6650/\$13,300 PrRX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX
Deductible	Aware/Flex/Select	Aware/Flex/Select	Aware/Flex/Select	Aware/Flex/Select	Aware/Flex/Select	Aware/Flex/Select	Passport	Passport
Single	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650
Family	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300
Compatible with HSA/HRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance after deductible	0%	0%	0%	0%	0%	0%	0%	0%
Out of Pocket Maximum								
Single	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650
Family	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300
Office Visits								
Office Visit /Urgent Care	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialist	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
E - Visits	\$48	\$48	\$50	\$50	\$50	\$50	\$52 to \$58	\$52 to \$58
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Drug Formulary	Select	Select	Select	Select	Select	Select	Select	Select
Prescription Durgs								
Preferred Generic	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred Brand	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Specialty	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preventive Drugs	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX
Monthly Premium								
Single	\$830.50 (4)	\$669.50 (14)	\$830.50 (4)	\$669.50 (14)	\$830.50 (4)	\$669.50 (14)	\$855.59 (5) 3.02%	\$710.38 (18) 6.11%
Family	\$2036.50 (1)	\$1605.50 (3)	\$2036.50 (1)	\$1605.50 (3)	\$2036.50 (1)	\$1605.50 (3)	\$2051.75 (1) 0.75%	\$1703.53 (2) 6.11%
Primary Care Doctor	No	No	No	No	No	No	No	No
Referral Needed	No	No	No	No	No	No	No	No
Mayo Included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ER Contribution/month	\$520	\$520	\$520	\$520	\$520	\$520		
HSA Contribution/month	No	No	No	No	No	No		
Renewal Data	HITA		HITA		HITA		HITA	
Incurring Claims		\$113,055	Period 1 12-2019 to 11-2020	\$143,089	Moved to Medica 1.1.2022	NA	Period 1 1.2022 to 7.2022	\$162,267
Income	Period 3-2019 to 2-2020	\$172,178		\$220,961	Plan and rates remained unchanged 10.1.2020 to 12.31.2022 (26 months)	NA		\$174,284
Recommended Renewal			High claims period 1 NA	64%		NA	Claims ratio	93%
Actual Renewal Increase		7.50%	High claims period2 \$66,031 & \$60,364	5.89% 0.0%		0.00%		5.00%
Coop Renewal Spread					Renewed until 1.1.2022 at 2020 Rate ReAlignment 2023		MHC 2023 Tier Rate Increase 2.5% or 5.0% or 7.5%	
			3 months remain with BCBS					