New Berlin CUSD #16
Medical Cost Analysis

AMERICAN CENTRAL
INSURANCE SERVICES
BENEFITS | HR | COMPLIANCE
Est. 1987

	BlueCross BlueSheild of IL											
	Current						Renewal					
	MIBPP2000		MIEEA3033 - HSA		MIBPP2145		MIBPP2000		MIEEA3033 - HSA		MIBPP2146	
Enrollment												
Single	9		11		52		9		11		52	
Employee + Spouse	0		1		0		0		1		0	
Employee + Child(ren)	1		0		5		1		0		5	
Family	0		0		0		0		0		0	
Rates												
Single	**$1,315.44**		**$992.98**		**$1,104.88**		**$1,440.86**		**$1,084.10**		**$1,174.34**	
Employee + Spouse	**$3,470.82**		**$2,620.00**		**$2,915.30**		**$3,809.49**		**$2,866.21**		**$3,104.79**	
Employee + Child(ren)	**$2,480.76**		**$1,872.65**		**$2,083.70**		**$2,843.71**		**$2,139.57**		**$2,317.67**	
Family	**$4,636.15**		**$3,499.68**		**$3,894.11**		**$5,212.33**		**$3,921.68**		**$4,248.13**	
Estimated Monthly Premium	**$14,319.72**		**$13,542.78**		**$67,872.26**		**$15,811.45**		**$14,791.31**		**$72,654.03**	
Total Estimate Monthly Premium	**$95,734.76**						**$103,256.79**					
Percentage Change							**7.9%**					
Dollar Change Amount							**$7,522.03**					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible												
Individual	$0	$0	$2,500	$5,000	$3,500	$7,000	$0	$0	$2,500	$5,000	$3,500	$7,000
Family	$0	$0	$5,000	$10,000	$10,500	$21,000	$0	$0	$5,000	$10,000	$10,500	$21,000
Coinsurance	90%	70%	80%	60%	80%	60%	90%	70%	80%	60%	80%	60%
Out-of-Pocket Maximum												
Individual	$1,000	$3,000	$5,000	$15,000	$6,000	$18,000	$1,000	$3,000	$5,000	$15,000	$6,000	$18,000
Family	$3,000	$9,000	$7,350	$22,050	$12,000	$36,000	$3,000	$9,000	$7,350	$22,050	$12,000	$36,000
Out-Patient Hospitalization	10%	30%	20%	40%	20%	40%	10%	30%	20%	40%	20%	40%
In-Patient Hospitalization	10%	$300 and 30%	20%	$300 and 40%	20%	$300 and 40%	10%	$300 and 30%	20%	$300 and 40%	20%	$300 and 40%
Emergency Room	$150	$150	20%	20%	$150	$150	$150	$150	20%	20%	**$350**	**$350**
Primary Care Office Visit	$20	30%	20%	40%	$25	40%	$20	30%	20%	40%	**$30**	40%
Specialist Care Office Visit	$40	30%	20%	40%	$50	40%	$40	30%	20%	40%	**$60**	40%
Prescription Drugs Expense Limit												
Tier 1	$0/$10		10%/20%		$5/$15		$0/$10		10%/20%		$5/$15	
Tier 2	$10/$20		10%/20%		$15/$25		$10/$20		10%/20%		$15/$25	
Tier 3	$50/$70		20%/30%		$60/$80		$50/$70		20%/30%		$60/$80	
Tier 4	$100/$120		30%/40%		$110/$130		$100/$120		30%/40%		$110/$130	
Tier 5	$150		40%		$250		$150		40%		$250	
Tier 6	$250		50%		$350		$250		50%		$350	

New Berlin CUSD #16
Ancillary Cost Analysis

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Dental	Current			Renewal		
	Guardian			Guardian		
				12 Month Rate Guarantee		
	In-Network Tier 1	In-Network Tier 2	Out-of-Network	In-Network Tier 1	In-Network Tier 2	
Rates						
Employee		**$41.44**			**$47.24**	
Employee + Spouse		**$82.93**			**$94.54**	
Employee + Child(ren)		**$78.59**			**$89.59**	
Family		**$164.96**			**$188.05**	
Calendar Year Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Lifetime Ortho Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Deductible						
Individual	$50	$50	$50	$50	$50	$50
Family	$150	$150	$150	$150	$150	$150
Preventative Care	100%	100%	100%	100%	100%	100%
Basic Care	100%	90%	80%	100%	90%	80%
Major Care	70%	60%	50%	70%	60%	50%
Ortho Care	50%	50%	50%	50%	50%	50%

Vision	Current	Renewal
	Guardian	Guardian
Rates		12 Month Rate Guarantee
Employee	**$6.56**	**$6.56**
Family	**$15.48**	**$15.48**
Copay-Exam	$10/$25	$10/$25
Exam/Lenses/Frames/Con	12/12/24/12	12/12/24/12
Allowance-Frames	$130	$130

Life and AD&D	Current	Renewal
	Guardian	Guardian
Rates		12 Month Rate Guarantee
Life/$1,000	**$0.120 per $1,000**	**$0.120 per $1,000**
AD&D	**$0.030 per $1,000**	**$0.030 per $1,000**

Vol. Life and AD&D	Current	Renewal
	Guardian	Guardian
Rates		12 Month Rate Guarantee
Vol. Life	**$0.210 per $1,000**	**$0.210 per $1,000**
Vol. AD&D	**$0.030 per $1,000**	**$0.030 per $1,000**
Vol. Life (Spouse)	**$0.210 per $1,000**	**$0.210 per $1,000**
Vol. Life (Child(ren))	**$0.100 per $1,000**	**$0.100 per $1,000**