New Berlin CUSD #16
Medical Cost Analysis

	BlueCross BlueSheild of IL								
	Current			**Renewal**			**Revised Renewal**		
	MIBPP2000	MIEEA3033 - HSA	MIBPP2140	MIBPP2000	MIEEA3033 - HSA	MIBPP2140	MIBPP2000	MIEEA3033 - HSA	MIBPP2140
Enrollment									
Single	11	13	56	11	13	56	11	13	56
Employee + Spouse	0	1	0	0	1	0	0	1	0
Employee + Child(ren)	1	0	5	1	0	5	1	0	5
Family	0	0	0	0	0	0	0	0	0
Rates									
Single	$1,005.48	$763.82	$840.72	$1,111.71	$869.95	$967.48	$1,039.36	$813.34	$904.52
Employee + Spouse	$2,607.19	$1,980.56	$2,179.95	$2,876.77	$2,251.18	$2,503.54	$2,689.56	$2,104.69	$2,340.62
Employee + Child(ren)	$1,796.94	$1,365.05	$1,502.48	$2,044.19	$1,599.66	$1,778.98	$1,911.17	$1,495.56	$1,663.22
Family	$3,398.63	$2,581.79	$2,841.71	$3,809.25	$2,980.88	$3,315.04	$3,561.36	$2,786.90	$3,099.31
Estimated Monthly Premium	$12,857.22	$11,910.22	$54,592.72	$14,273.00	$13,560.53	$63,073.78	$13,344.13	$12,678.11	$58,969.22
Total Estimate Monthly Premium	$79,360.16			$90,907.31			$84,991.46		
Percentage Change				14.55%			7.10%		
Dollar Change Amount				$11,547.15			$5,631.30		

	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	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	$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	$0	$0	$5,000	$10,000	$10,500	$21,000
Coinsurance	90%	70%	80%	60%	80%	60%	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	$5,500	$16,500	$1,000	$3,000	$5,000	$15,000	$5,500	$16,500	$1,000	$3,000	$5,000	$15,000	$5,500	$16,500
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	$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%	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%	10%	$300 and 30%	20%	$300 and 40%	20%	$300 and 40%
Emergency Room	$150	$150	20%	20%	$150	$150	$150	$150	20%	20%	$150	$150	$150	$150	20%	20%	$150	$150
Primary Care Office Visit	$20	30%	20%	40%	$20	40%	$20	30%	20%	40%	$20	40%	$20	30%	20%	40%	$20	40%
Specialist Care Office Visit	$40	30%	20%	40%	$40	40%	$40	30%	20%	40%	$40	40%	$40	30%	20%	40%	$40	40%
Prescription Drugs Expense Limit																		
Tier 1	$0/$10		10%/20%		$0/$10		$0/$10		10%/20%		$0/$10		$0/$10		10%/20%		$0/$10	
Tier 2	$10/$20		10%/20%		$10/$20		$10/$20		10%/20%		$10/$20		$10/$20		10%/20%		$10/$20	
Tier 3	$50/$70		20%/30%		$50/$70		$50/$70		20%/30%		$50/$70		$50/$70		20%/30%		$50/$70	
Tier 4	$100/$120		30%/40%		$100/$120		$100/$120		30%/40%		$100/$120		$100/$120		30%/40%		$100/$120	
Tier 5	$150		40%		$150		$150		40%		$150		$150		40%		$150	
Tier 6	$250		50%		$250		$250		50%		$250		$250		50%		$250	