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		MIBPP2140		MIBPP2000		MIEEA3033 - HSA		MIBPP2145	
Enrollment												
Single	13		11		53		13		11		53	
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	**$1,039.36**		**$813.34**		**$904.52**		**$1,315.44**		**$992.98**		**$1,104.88**	$200.36
Employee + Spouse	**$2,689.56**		**$2,104.69**		**$2,340.62**		**$3,470.82**		**$2,620.00**		**$2,915.30**	
Employee + Child(ren)	**$1,911.17**		**$1,495.56**		**$1,663.22**		**$2,480.76**		**$1,872.65**		**$2,083.70**	
Family	**$3,561.36**		**$2,786.90**		**$3,099.31**		**$4,636.15**		**$3,499.68**		**$3,894.11**	
Estimated Monthly Premium	**$15,422.85**		**$11,051.43**		**$56,255.66**		**$19,581.48**		**$13,542.78**		**$68,977.14**	
Total Estimate Monthly Premium	**$82,729.94**						**$102,101.40**					
Percentage Change							**23.42%**					
Dollar Change Amount							**$19,371.46**					
	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	$5,500	$16,500	$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%	$150	$150
Primary Care Office Visit	$20	30%	20%	40%	$20	40%	$20	30%	20%	40%	$25	40%
Specialist Care Office Visit	$40	30%	20%	40%	$40	40%	$40	30%	20%	40%	$50	40%
Prescription Drugs Expense Limit												
Tier 1	$0/$10		10%/20%		$0/$10		$0/$10		10%/20%		$5/$15	
Tier 2	$10/$20		10%/20%		$10/$20		$10/$20		10%/20%		$15/$25	
Tier 3	$50/$70		20%/30%		$50/$70		$50/$70		20%/30%		$60/$80	
Tier 4	$100/$120		30%/40%		$100/$120		$100/$120		30%/40%		$110/$130	
Tier 5	$150		40%		$150		$150		40%		$250	
Tier 6	$250		50%		$250		$250		50%		$350	

New Berlin CUSD #16
Ancillary Cost Analysis

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Dental	Current			Renewal			BlueCross BlueShield Dental Plan DINHR52	
	Guardian			Guardian				
				12 Month Rate Guarantee			12 Month Rate Guarantee	
	In-Network Tier 1	In-Network Tier 2	Out-of-Network	In-Network Tier 1	In-Network Tier 2		In-Network Tier 1	Out-of-Network
Rates								
Employee		$35.12			$41.44		$37.10	
Employee + Spouse		$70.28			$82.93		$74.20	
Employee + Child(ren)		$66.60			$78.59		$90.22	
Family		$139.80			$164.96		$139.51	
Calendar Year Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,500	$1,500
Lifetime Ortho Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,500	$1,500
Deductible								
Individual	$50	$50	$50	$50	$50	$50	$50	$50
Family	$150	$150	$150	$150	$150	$150	$150	$150
Preventative Care	100%	100%	100%	100%	100%	100%	100%	100%
Basic Care	100%	90%	80%	100%	90%	80%	80%	80%
Major Care	70%	60%	50%	70%	60%	50%	50%	50%
Ortho Care	50%	50%	50%	50%	50%	50%	50%	50%

Vision	Current	Renewal	BlueCross BlueShield
	Guardian	Guardian	
Rates		12 Month Rate Guarantee	48 Month Rate Guarantee
Employee	$6.19	$6.19	$7.60(EO), $14.44(ES)
Family	$15.48	$15.48	$15.20(EC), $22.35(EF)
Copay-Exam	$10/$25	$10/$25	$10/$25
Exam/Lenses/Frames/Con	12/12/24/12	12/12/24/12	12/12/24/12
Allowance-Frames	$130	$130	$130

Life and AD&D	Current	Renewal	BlueCross BlueShield
	Guardian	Guardian	
Rates		12 Month Rate Guarantee	24 Month Rate Guarantee
Life/$1,000	$0.120 per $1,000	$0.120 per $1,000	$0.100 per $1,000
AD&D	$0.030 per $1,000	$0.030 per $1,000	$0.030 per $1,000

Vol. Life and AD&D	Current	Renewal	BlueCross BlueShield
	Guardian	Guardian	
Rates		12 Month Rate Guarantee	24 Month Rate Guarantee
Vol. Life	$0.210 per $1,000	$0.210 per $1,000	Age Rated
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	
			1.5% Ancillary Multi-Line Discount Off Of Medical.