New Berlin CUSD #16 Medical Cost Analysis

AMERICAN CENTRAL INSURANCE SERVICES

BENEFITS | HR | COMPLIANCE

Est. 1987

	United Healthcare																	
			Current						Ren	ewal			Option 1		Option 2		Option 3	
	BT4M Mod		BT5Z	' Mod	BT39 Mod		BT4M Mod		BT5Z Mod		BT39 Mod		CPW3 Mod		CMMC Mod		CPXQ Mod	
	(Balanced 100)		(HSA)		(Balanced)		(Balanced 100)		(HSA)		(Balanced)		(Core UHPD)		(Core HSA MLX)		(Core UHPD)	
Enrollment	·												,					
Single	25		9		57		25		9		57		25		9		57	
Employee + Spouse	0		1		0		0		1 1		0		0		1 1		0	
Employee + Child(ren) Family	2		1		0		0		1 1		0		2				0	
Rates	U		J		- U				, ,		0		U		, ,		U	
Single	\$659.58		\$496.41		\$540.68		\$916.82		\$690.01		\$751.55		\$887.99		\$673.93		\$726.02	
Employee + Spouse	\$1,501.09		\$1,129.74		\$1,230.49		\$2,086.52		\$1,570.34		\$1,710.39		\$2,020.91		\$1,533.74		\$1,652.29	
Employee + Child(ren)	\$1,389.51		\$1,045.76		\$1,139.03		\$1,931.43		\$1,453.61		\$1,583.26		\$1,870.69		\$1,419.73		\$1,529.48	
Family	\$2,231.01		\$1,679.09		\$1,828.84		\$3,101.12		\$2,333.94		\$2,542.10		\$3,003.60		\$2,279.55		\$2,455.75	
Estimated Monthly Premium	\$19,268.52		\$6,643.19		\$37,652.94		\$26,783.36		\$9,234.04		\$52,337.91		\$25,941.13		\$9,018.84		\$50,560.02	
Estimated Total Monthly			\$63,564.65						•	55.31								
Percentage Change									00%			34.63%		35.76%		34.28%		
Dollar Change	1		1		ı	1		<u> </u>	\$24,790.66				\$6,672.61		\$2,375.65		\$12,9	:
	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	\$10,000	\$2,500	\$2,500	\$3,500	\$7,000	\$0	\$10,000	\$2,500	\$2,500	\$3,500	\$7,000	\$0	\$10,000	\$2,500	\$2,500	\$3,500	\$7,000
Family	\$0	\$20,000	\$5,000	\$5,000	\$10,200	\$20,400	\$0	\$20,000	\$5,000	\$5,000	\$10,200	\$20,400	\$0	\$20,000	\$5,000	\$5,000	\$10,200	\$20,400
Coinsurance	100%	70%	100%	70%	80%	60%	100%	70%	100%	70%	80%	60%	100%	70%	100%	70%	80%	60%
Out-of-Pocket Maximum Individual	\$1,500	\$20,000	\$5,000	\$5,000	\$5,500	\$11,000	\$1,500	\$20,000	\$5,000	\$5,000	\$5,500	\$11,000	\$1,500	\$20,000	\$5,000	\$5,000	\$5,500	\$11,000
Family	\$1,500	\$40,000	\$8,550	\$5,000 \$10,000	\$10,200	\$11,000	\$1,500	\$40,000	\$8,550	\$5,000 \$10,000	\$10,200	\$11,000	\$1,500	\$40,000	\$8,550	\$10,000	\$10,200	\$11,000
	Ded	Ded	Ded	Ψ10,000 Ded	Φ10,200 Ded	Ψ20,400 Ded	Ded	ψ40,000 Ded	Ded	Ψ10,000 Ded	Ded	Ψ20,400 Ded	Ded then	Ded then	Ded then	Ded then	Ded then	Ded then
Out-Patient Hospitalization	then 0%	then 30%	then 0%	then 30%	then 20%	then 40%	then 0%	then 30%	then 0%	then 30%	then 20%	then 40%	0%	30%	0%	30%	20%	40%
	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded then	Ded then	Ded then	Ded then	Ded then	Ded then
In-Patient Hospitalization	then 0%	then 30%	then 0%	then 30%	then 20%	then 40%	then 0%	then 30%	then 0%	then 30%	then 20%	then 40%	0%	30%	0%	30%	20%	40%
Emergency Room	\$150	\$150	Ded then 0%	Ded then 0%	\$150	\$150	\$150	\$150	Ded then 0%	Ded then 0%	\$150	\$150	\$150	\$150	Ded then 0%	Ded then 0%	\$150	\$150
Primary Care Office Visit	\$20	Ded then 30%	Ded then 0%	Ded then 30%	\$20	Ded then 40%	\$20	Ded then 30%	Ded then 0%	Ded then 30%	\$20	Ded then 40%	\$20/\$20	Ded then 30%	Ded then 0%	Ded then 30%	\$20/\$20	Ded then 40%
Specialist Care Office Visit	\$40	Ded then 30%	Ded then 0%	Ded then 30%	\$40	Ded then 40%	\$40	Ded then 30%	Ded then 0%	Ded then 30%	\$40	Ded then 40%	\$40/\$80	Ded then 30%	Ded then 0%	Ded then 30%	\$40/\$80	Ded then 40%
Prescription Drugs Expense Limit	1																	
Tier	· ·		\$10		\$10		\$10		\$10		\$10		\$10		\$10		\$10	
Tier			\$35		\$35		\$35		\$35		\$35		\$35		\$35		\$35	
Tier			\$60		\$60		\$60		\$60		\$60		\$125		\$125		\$125	
Tier			N/A		N/A		N/A		N/A		N/A		\$250		\$250		\$250	
Tier			N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Tier	6 N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	

New Berlin CUSD #16 Medical Cost Analysis



BENEFITS | HR | COMPLIANCE Est. 1987

	United Healthcare													Health Alliance - Final Rates									
			Cur	rent					Renewal				Option 1		Option 2		Option 3		Option 4		Option 5		
		BT4M Mod BT5Z Mod (Balanced 100) (HSA)			BT39 Mod (Balanced)		BT4M Mod (Balanced 100)		BT5Z Mod (HSA)		BT39 Mod (Balanced)		HMO 80A 22 Rx231		POS 3500C 22 Rx231		HSA 22 3500 POS 80 EMB Rx233		POS 4000B 22 Rx230		POS 50000	C 22 Rx230	
Enrollment Single Employee + Spouse	25 0		9		57 0		25 0		9		57 0		91 1		91 1		91 1		91 1		91 1		
Employee + Child(ren) Family	2		1		6		2		1 0		6		9		9		9		9)))	
Rates				U		U				0		0		0		U		U		J		U	
Single Employee + Spouse Employee + Child(ren) Family	\$659.58 \$1,501.09 \$1,389.51 \$2,231.01		\$496.41 \$1,129.74 \$1,045.76 \$1,679.09		\$540.68 \$1,230.49 \$1,139.03 \$1,828.84		\$916.82 \$2,086.52 \$1,931.43 \$3,101.12		\$690.01 \$1,570.34 \$1,453.61 \$2,333.94		\$751.55 \$1,710.39 \$1,583.26 \$2,542.10		\$998.00 \$2,271.00 \$2,102.00 \$3,376.00		\$711.00 \$1,618.00 \$1,498.00 \$2,405.00		\$642.00 \$1,461.00 \$1,352.00 \$2,172.00		\$713.00 \$1,623.00 \$1,502.00 \$2,412.00		\$687.00 \$1,563.00 \$1,447.00 \$2,324.00		
Estimated Monthly Premium		268.52		43.19	\$37,6		\$26,783.36		\$9,234.04		\$52,337.91		\$112,007.00		\$79,801.00		\$72,051.00		\$80,024.00		\$77,103.00		
Estimated Total Monthly		\$63,5					\$88,355.31								40.5-54		0.000/		04.000/				
Percentage Change	0.4.4		0.4.5		0.4.4		0.4.6		39.00%		T	Out of	76.21%		25.54%		13.35%		25.89%		21.30%		
	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	In-Network	Out-of- Network	In-Network	Out-of- Network	
Deductible																							
Individual	\$0	\$10,000	\$2,500	\$2,500	\$3,500	\$7,000	\$0	\$10,000	\$2,500	\$2,500	\$3,500	\$7,000	\$0	N/A	\$3,500	\$7,000	\$3,500	\$7,000	\$4,000	\$8,000	\$5,000	\$10,000	
Family	\$0	\$20,000	\$5,000	\$5,000	\$10,200	\$20,400	\$0	\$20,000	\$5,000	\$5,000	\$10,200	\$20,400	\$0 2007	N/A	\$7,000	\$14,000	\$7,000	\$14,000	\$8,000	\$16,000	\$10,000	\$20,000	
Coinsurance	100%	70%	100%	70%	80%	60%	100%	70%	100%	70%	80%	60%	80%	N/A	80%	60%	80%	60%	80%	60%	80%	60%	
Out-of-Pocket Maximum Individual Family	\$1,500 \$3,000	\$20,000 \$40,000	\$5,000 \$8,550	\$5,000 \$10,000	\$5,500 \$10,200	\$11,000 \$20,400	\$1,500 \$3,000	\$20,000 \$40,000	\$5,000 \$8,550	\$5,000 \$10,000	\$5,500 \$10,200	\$11,000 \$20,400	\$1,500 \$3,000	N/A N/A	\$7,000 \$14,000	\$14,000 \$28,000	\$7,000 \$14,000	\$14,000 \$28,000	\$8,150 \$16,300	\$16,300 \$32,600	\$8,150 \$16,300	\$16,300 \$32,600	
Out-Patient Hospitalization	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 40%	20%	N/A	Ded then 20%	Ded then 40%							
In-Patient Hospitalization	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 40%	20%	N/A	Ded then 20%	Ded then 40%							
Emergency Room	\$150	\$150	Ded then 0%	Ded then 0%	\$150	\$150	\$150	\$150	Ded then 0%	Ded then 0%	\$150	\$150	20%	20%	\$250	\$250	Ded then 20%	Ded then 20%	\$250	\$250	\$250	\$250	
Primary Care Office Visit	\$20	Ded then 30%	Ded then 0%	Ded then 30%	\$20	Ded then 40%	\$20	Ded then 30%	Ded then 0%	Ded then 30%	\$20	Ded then 40%	\$25	N/A	\$40	Ded then 40%	Ded then 20%	Ded then 40%	\$25	Ded then 40%	\$40	Ded then 40%	
Specialist Care Office Visit	\$40	Ded then 30%	Ded then 0%	Ded then 30%	\$40	Ded then 40%	\$40	Ded then 30%	Ded then 0%	Ded then 30%	\$40	Ded then 40%	\$50	N/A	\$65	Ded then 40%	Ded then 20%	Ded then 40%	\$40	Ded then 40%	\$65	Ded then 40%	
Prescription Drugs Expense Limit																							
Tier			\$10		\$10		\$10		\$10		\$10		\$0		\$0		Ded, 20%		\$0		\$0		
Tier			\$35		\$35		\$35		\$35		\$35		\$10 040		\$10		Ded, 20%		\$7		\$7		
Tier			\$60 N/A		\$60		\$60 N/A		\$60		\$60		\$40 \$90		\$40		Ded, 20%		\$35		\$35		
Tier Tier			N/A N/A		N/A N/A		N/A N/A		N/A N/A		N/A N/A		\$80 30%		\$80 30%		Ded, 20% Ded, 20%		\$70 \$140		\$70 \$140		
Tier			N/A N/A		N/A N/A		N/A N/A		N/A N/A		N/A N/A		50% 50%		50%		Ded, 20%		50%		50%		
Hei	\	<u> </u>	13/7		13//\		13/7	<u> </u>	13/7	<u> </u>	11/7	<u> </u>	JU /0		JU /0		Deu, 2070	<u> </u>	JU /0		JU /0	<u>i </u>	