

New Berlin CUSD #16 Medical Cost Analysis

United Healthcare																		
Current							Renewal						Option 1		Option 2		Option 3	
BT4M Mod (Balanced 100)		BT5Z Mod (HSA)		BT39 Mod (Balanced)			BT4M Mod (Balanced 100)		BT5Z Mod (HSA)		BT39 Mod (Balanced)		CPW3 Mod (Core UHPD)		CMMC Mod (Core HSA MLX)		CPXQ Mod (Core UHPD)	
Enrollment																		
Single	25	9	57	25	9	57	25	9	57	25	9	57	25	9	57	25	9	57
Employee + Spouse	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0
Employee + Child(ren)	2	1	6	2	1	6	2	1	6	2	1	6	2	1	6	2	1	6
Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rates																		
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						\$88,355.31											
Percentage Change							39.00%						34.63%	35.76%	34.28%			
Dollar Change							\$24,790.66						\$6,672.61	\$2,375.65	\$12,907.08			
	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	\$3,000	\$40,000	\$8,550	\$10,000	\$10,200	\$20,400	\$3,000	\$40,000	\$8,550	\$10,000	\$10,200	\$20,400	\$3,000	\$40,000	\$8,550	\$10,000	\$10,200	\$20,400
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%	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	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%	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	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	\$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																		
Tier 1	\$10		\$10		\$10		\$10		\$10		\$10		\$10		\$10		\$10	
Tier 2	\$35		\$35		\$35		\$35		\$35		\$35		\$35		\$35		\$35	
Tier 3	\$60		\$60		\$60		\$60		\$60		\$60		\$125		\$125		\$125	
Tier 4	N/A		N/A		N/A		N/A		N/A		N/A		\$250		\$250		\$250	
Tier 5	N/A		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

United Healthcare												Health Alliance - Final Rates										
Current						Renewal						Option 1		Option 2		Option 3		Option 4		Option 5		
BT4M Mod (Balanced 100)		BT5Z Mod (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 5000C 22 Rx230		
Enrollment																						
Single	25	9	57	25	9	57	25	9	57	25	9	57	91	91	91	91	91	91	91	91	91	
Employee + Spouse	0	1	0	0	1	0	0	1	0	0	1	0	1	1	1	1	1	1	1	1	1	
Employee + Child(ren)	2	1	6	2	1	6	2	1	6	2	1	6	9	9	9	9	9	9	9	9	9	
Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Rates																						
Single	\$659.58	\$496.41	\$540.68	\$916.82	\$690.01	\$751.55	\$998.00	\$711.00	\$642.00	\$713.00	\$687.00											
Employee + Spouse	\$1,501.09	\$1,129.74	\$1,230.49	\$2,086.52	\$1,570.34	\$1,710.39	\$2,271.00	\$1,618.00	\$1,461.00	\$1,623.00	\$1,563.00											
Employee + Child(ren)	\$1,389.51	\$1,045.76	\$1,139.03	\$1,931.43	\$1,453.61	\$1,583.26	\$2,102.00	\$1,498.00	\$1,352.00	\$1,502.00	\$1,447.00											
Family	\$2,231.01	\$1,679.09	\$1,828.84	\$3,101.12	\$2,333.94	\$2,542.10	\$3,376.00	\$2,405.00	\$2,172.00	\$2,412.00	\$2,324.00											
Estimated Monthly Premium	\$19,268.52	\$6,643.19	\$37,652.94	\$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	\$63,564.65						\$88,355.31															
Percentage Change							39.00%						76.21%		25.54%		13.35%		25.89%		21.30%	
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	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	\$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	N/A	\$7,000	\$14,000	\$7,000	\$14,000	\$8,150	\$16,300	\$8,150	\$16,300
Family	\$3,000	\$40,000	\$8,550	\$10,000	\$10,200	\$20,400	\$3,000	\$40,000	\$8,550	\$10,000	\$10,200	\$20,400	\$3,000	N/A	\$14,000	\$28,000	\$14,000	\$28,000	\$16,300	\$32,600	\$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%	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%	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%	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%	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 1	\$10		\$10		\$10		\$10		\$10		\$10		\$0		\$0		Ded, 20%		\$0		\$0	
Tier 2	\$35		\$35		\$35		\$35		\$35		\$35		\$10		\$10		Ded, 20%		\$7		\$7	
Tier 3	\$60		\$60		\$60		\$60		\$60		\$60		\$40		\$40		Ded, 20%		\$35		\$35	
Tier 4	N/A		N/A		N/A		N/A		N/A		N/A		\$80		\$80		Ded, 20%		\$70		\$70	
Tier 5	N/A		N/A		N/A		N/A		N/A		N/A		30%		30%		Ded, 20%		\$140		\$140	
Tier 6	N/A		N/A		N/A		N/A		N/A		N/A		50%		50%		Ded, 20%		50%		50%	