

Red Wing Public Schools  
**Medical Plan Cost and Benefit Analysis**  
 01/01/2023 HITA Bid



Deductible	Current						Renewal   Blue Cross Blue Shield of MN						Alternative Renewal Option #1   BCBS High-Value Network Plans 1 + 2						Alternative Renewal Option #2   Add \$7,000 Deductible Plan																	
	01/01/2022 - Current												01/01/2023 - Renewal Bid												01/01/2023 - Bid											
	Current Plan #1 Blue Cross Blue Shield \$5,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-22		Current Plan #2 Blue Cross Blue Shield \$3,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-22		Current Plan #3 Blue Cross Blue Shield \$350 Deductible Plan Aware Network - Open Access Effective Date 1-1-22		Renewal Plan #1 Blue Cross Blue Shield \$5,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-23		Renewal Plan #2 Blue Cross Blue Shield \$3,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-23		Renewal Plan #3 Blue Cross Blue Shield \$350 Deductible Plan Aware Network - Open Access Effective Date 1-1-23		Alt Bid Plan #1 Blue Cross Blue Shield \$5,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-23		Alt Bid Plan #2 Blue Cross Blue Shield \$3,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-23		Alt Bid Plan #3 Blue Cross Blue Shield \$350 Deductible Plan Aware Network - Open Access Effective Date 1-1-23		Alternative Plan Option #2 Blue Cross Blue Shield \$7,000 Deductible HRA Plan Open Access Effective Date 1-1-23																	
	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																		
Type	Embedded																																			
Individual	\$5,000	\$6,500	\$3,000	\$4,500	\$350	\$700	\$5,000	\$6,500	\$3,000	\$4,500	\$350	\$700	\$5,000	\$6,500	\$3,000	\$5,000	\$350	\$700	\$7,000	\$10,000																
Family	\$10,000	\$13,000	\$6,000	\$9,000	\$700	\$1,400	\$10,000	\$13,000	\$6,000	\$9,000	\$700	\$1,400	\$10,000	\$13,000	\$6,000	\$10,000	\$700	\$1,400	\$14,000	\$20,000																
Coinurance (Member Pays)	20-30%	40%	20-30%	40%	20%	30%	20-30%	40%	20-30%	40%	20%	30%	20-30%	40%	20-30%	40%	20%	30%	0%	40%																
Out-of-Pocket Maximum																																				
Individual	\$6,600	\$9,000	\$4,500	\$6,000	\$1,500	\$2,200	\$5,600	\$8,000	\$4,500	\$6,000	\$1,500	\$2,200	\$5,600	\$8,000	\$4,500	\$10,000	\$4,500	\$6,000	\$1,500	\$2,200	\$7,000	\$10,000														
Family	\$11,200	\$16,000	\$9,000	\$12,000	\$3,000	\$4,200	\$11,200	\$16,000	\$9,000	\$12,000	\$3,000	\$4,200	\$11,200	\$16,000	\$9,000	\$20,000	\$9,000	\$12,000	\$3,000	\$4,200	\$14,000	\$20,000														
After Deductible is met (Member Cost)																																				
Hospitalization	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED														
Emergency Room	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	0% after DED	40% after DED														
Urgent Care	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	0% after DED	40% after DED														
Office Visit	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	0% after DED	40% after DED														
E-Visit	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	No charge for first 3 virtual visits; 20% thereafter	Not Covered	No charge for first 3 virtual visits; 20% thereafter	0% after DED	Not Covered														
Specialist Visit	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED														
Preventative Care	No Charge	40% after DED	No Charge	40% after DED	No Charge	See SBC	No Charge	40% after DED	No Charge	40% after DED	No Charge	See SBC	No Charge	40% after DED	No Charge	40% after DED	No Charge	40% after DED	No Charge	See SBC	No Charge	40% after DED														
Prescription Drugs																																				
Generic Drugs	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: \$12 copy Non-Formulary: \$70 copy	Retail: 30% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: \$12 copy Non-Formulary: \$70 copy	Retail: 30% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Not Covered	Formulary: \$12 copy Non-Formulary: \$70 copy	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered																
Preferred (Formulary) Brand Drugs	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	\$35 copy	Retail: 30% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	\$35 copy	Retail: 30% after DED Mail: Not Covered	20% after DED	Not Covered	20% after DED	Not Covered	\$35 copy	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered																
Non-Preferred (Non-Formulary) Brand Drugs	30% after DED	Retail: 40% after DED Mail: Not Covered	30% after DED	Retail: 40% after DED Mail: Not Covered	\$70 copy	Retail: 30% after DED Mail: Not Covered	30% after DED	Retail: 40% after DED Mail: Not Covered	30% after DED	Retail: 40% after DED Mail: Not Covered	\$70 copy	Retail: 30% after DED Mail: Not Covered	30% after DED	Not Covered	30% after DED	Not Covered	\$70 copy	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered																
Specialty Drugs	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	Generic Formulary: \$12 Brand Formulary: \$35 Non-Formulary: 70	Retail: 30% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	\$35 copy	Retail: 30% after DED Mail: Not Covered	20% after DED	Not Covered	20% after DED	Not Covered	\$35 copy	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered																
Rate Guarantees																																				
Rate Guarantees	N/A						Year 2 Rate Cap - 17%						Year 2 Rate Cap - 17%						Year 2 Rate Cap - 17%																	
*This is a summary of benefit highlights only. See plan document for full plan details.																																				
<b>TOTAL RATES</b>																																				
Estimated Enrollment	Plan 1 - \$5,000	Plan 2 - \$3,000	Plan 3 - \$350	Monthly Rates - Plan 1   \$5,000	Monthly Rates - Plan 2   \$3,000	Monthly Rates - Plan 3   \$350	Monthly Rates - Plan 1   \$5,000	Monthly Rates - Plan 2   \$3,000	Monthly Rates - Plan 3   \$350	Monthly Rates - Plan 1   \$5,000	Monthly Rates - Plan 2   \$3,000	Monthly Rates - Plan 3   \$350	Monthly Rates - Plan 1   \$5,000	Monthly Rates - Plan 2   \$3,000	Monthly Rates - Plan 3   \$350	Monthly Rates - Plan 1   \$5,000	Monthly Rates - Plan 2   \$3,000	Monthly Rates - Plan 3   \$350	Monthly Rates - \$7,000 Plan - Compared to Current \$5,000 Plan																	
Single	86	56	1	\$945.75	\$729.75	\$986.81	\$770.96	19.4%	\$868.35	17.6%	\$1,133.27	17.2%	\$613.78	-6.0%	\$683.43	-6.3%	\$1,133.27	17.2%	\$702.67	8.8%																
Family	65	66	0	\$1,601.29	\$1,811.05	\$2,428.89	\$1,504.45	19.4%	\$2,163.74	17.6%	\$2,843.55	17.2%	\$1,560.98	-6.0%	\$1,714.83	-6.3%	\$2,843.55	17.2%	\$1,783.11	8.8%																
Estimated Monthly Premium by Plan				\$160,853	\$161,715	\$967	\$192,842	19.4%	\$199,214	17.6%	\$152,990	17.2%	\$151,481	-6.3%	\$175,832	-6.3%	\$152,990	17.2%	\$175,832	8.8%																
Estimated Annual Premium by Plan				\$1,930,240	\$1,940,584	\$11,604	\$2,314,110	19.4%	\$2,390,572	17.6%	\$1,835,880	17.2%	\$1,817,775	-6.3%	\$2,110,000	-6.3%	\$1,835,880	17.2%	\$2,110,000	8.8%																
Estimated Monthly Premium Total (Plan 1 + Plan 2 + Plan 3)				\$323,558	\$382,426		\$460,064		\$460,064		\$305,970		\$305,970		\$351,664		\$305,970		\$351,664																	
Estimated Annual Premium Total (Plan 1 + Plan 2 + Plan 3)				\$3,882,700	\$4,589,116		\$5,520,770		\$5,520,770		\$3,671,640		\$3,671,640		\$4,219,970		\$3,671,640		\$4,219,970																	
Annual Dollar Change from Current							\$718,240		\$718,240		\$183,240		\$183,240		\$548,330		\$183,240		\$548,330																	
Percent Change from Current							18.50%		18.50%		5.50%		5.50%		14.10%		5.50%		14.10%																	