Streator Elementary School District #44 Medical Cost Anaysis



BENEFITS | HR | COMPLIANCE Est. 1987

		BlueCross BlueShield of IL - An Additional 1.5% Medical Rate Discount Has Been Applied Below For Adding Dental and Vision With B.C.B.S.															United Healthcare												
																			United H	eaitncare									
		Curr	ent	Renewal		Revised Renewal		Option 1		Option 2		Option 3		Option 4		Option 5		Option 6		Option 7		Option 8		Option 9		Option 10		Option 11	
				PF	PO			MIBPP2000		MIBPP5005		MIBPP2015		MIBPP2025		MIBPP2035		MIBPP1035		MIBPP2045		MIBPP2055		MIBPP2065		EGOI - Premier Core		Surest D5500	
	In-Network		Out-of- Network	In-Network Out-of-		In-Network Out-of-		In-Network Out-of-		In-Network Out-of- Network		In-Network Out-of- Network		In-Network Out-of- Network		In-Network Out-of- Network		In-Network Out-of-		In-Network Out-of-		In-Network Out-of- Network		In-Network Out-of- Network		Designated Network		Designated In-Network	
Count			HOLWOIR		HOLWOIR		HOLWOIR		HELWOIR		NOWORK		HOLWOIK		HOLWOIK		HOLWOIK		HOLWOIK		HOLWOIK		HELWOIR		HOLWOIR	HELWOIR		Network	
Single		64		64		64		64		64		64		64		64		64		64		64		64		64		64	
Family		70		70		70		70		70		70		70		70		70		70		70		70		70		70	
Rates																													
Single	\$921.08		\$1,251.12		\$1,206.66		\$1,135.63		\$1,099.79		\$1,072.40		\$1,057.64		\$1,033.89		\$1,000.49		\$1,035.12		\$992.82		\$979.63		\$1,139.67		\$1,100.41		
Family		\$2,354.30		\$3,197.88		\$3,084.25		\$2,902.67		\$2,811.06		\$2,741.06		\$2,703.35		\$2,642.60		\$2,557.26		\$2,645.77		\$2,537.66		\$2,503.95		\$2,916.59		\$2,812.67	
Estimated Monthly Premium		\$223,750.12		\$303,923.21		\$293,124.14		\$275,866.76		\$267,161.02		\$260,507.60		\$256,923.85		\$251,150.49		\$243,039.61		\$251,451.31		\$241,176.42		\$237,972.85		\$277,100.18		\$267,313.14	
Percentage Change				35.83%		31.01%		23.29%		19.40%		16.43%		14.83%		12.25%		8.62%		12.38%		7.79%		6.36%		23.84%		19.47%	
Dollar Change				\$80,173.09		\$69,374.02		\$52,116.64		\$43,410.90		\$36,757.48		\$33,173.73		\$27,400.37		\$19,289.49		\$27,701.19		\$17,426.30		\$14,222.73		\$53,350.06		\$43,563.02	
Deductible		į.											į		l								İ						i '
Individual		\$325	\$325	\$325	\$325	\$325	\$325	\$0	\$0	\$250	\$500	\$500	\$1,000	\$750	\$1,500	\$750	\$1,500	\$750	\$1,500	\$1,000	\$2,000	\$1,250	\$2,500	\$1,250	\$2,500	\$500	\$5,000	\$0	\$0
Family		\$975	\$975	\$975	\$975	\$975	\$975	\$0	\$0	\$750	\$1,500	\$1,500	\$3,000	\$2,250	\$4,500	\$2,250	\$4,500	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$3,750	\$7,500	\$1,000	\$10,000	\$0	\$0
Coinsurance		90%	80%	90%	80%	90%	80%	90%	70%	80%	60%	80%	60%	90%	70%	80%	60%	80%	60%	90%	70%	80%	60%	80%	60%	90%	70%	N/A	N/A
Out-of-Pocket Maximum		\$700	64.000	\$700	64.000	\$700	64.000	£4.000	60.000	\$1,250	60.750	\$1,750	# F 050	\$2,000	\$6,000	60 000	#0 000	\$6,500	040 500	\$2,500	67 500	60.500	\$10,500	64.500	£40.500	60.000	£40.000	\$5,500	644.000
Individual Family		\$700 \$1,400	\$1,200 \$2.400	\$700 \$1.400	\$1,200 \$2,400	\$1,400	\$1,200 \$2,400	\$1,000 \$3.000	\$3,000 \$9.000	\$1,250 \$3,750	\$3,750 \$11.250	\$1,750 \$5.250	\$5,250	\$2,000 \$6,000	\$6,000 \$18,000	\$3,000 \$9.000	\$9,000 \$27.000	\$6,500 \$18,400	\$19,500 \$55,200	\$2,500 \$7.500	\$7,500 \$22,500	\$3,500 \$10,500	\$10,500	\$4,500 \$13,500	\$13,500 \$40,500	\$2,000 \$4.000	\$10,000 \$20.000	\$5,500 \$11,000	\$11,000 \$22,000
Family		\$1,400	\$2,400	\$1,400	\$2,400	\$1,400	\$2,400	\$3,000	\$9,000 \$300 and	\$3,750	\$11,250 \$300 and	\$5,250	\$15,750 \$300 and	\$6,000	\$18,000 \$300 and	\$9,000	\$27,000 \$300 and	\$18,400	\$55,200 \$300 and	\$7,500	\$22,500 \$300 and	\$10,500	\$31,500 \$300 and	\$13,500	\$40,500 \$300 and	\$4,000	\$20,000	\$11,000 \$350 to	\$22,000 Up to
In-Patient Hospitalization		10%	20%	10%	20%	10%	20%	10%	30%	20%	40%	20%	40%	10%	30%	20%	40%	20%	40%	10%	30%	20%	40%	20%	40%	90%	70%	\$3,500	\$10,000
Out-Patient Hospitalization		10%	20%	10%	20%	10%	20%	10%	30%	20%	40%	20%	40%	10%	30%	20%	40%	20%	40%	10%	30%	20%	40%	20%	40%	90%	70%	\$40 to \$3,500	Up to \$10,000
Emergency Room		10%	10%	10%	10%	10%	10%	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$250 and 10%	\$250 and 10%	\$850	\$850
Office Visit		10%	20%	10%	20%	10%	20%	\$20	30%	\$25	40%	\$25	40%	\$25	30%	\$25	40%	\$25	40%	\$25	30%	\$35	40%	\$35	40%	\$20	30%	\$25 to \$130	
Specialist Visit		10%	20%	10%	20%	10%	20%	\$40	30%	\$50	40%	\$50	40%	\$50	30%	\$50	40%	\$50	40%	\$50	30%	\$60	40%	\$60	40%	\$40	30%	\$25 to \$130	\$215
		\$1,000		\$1,000		\$1,000							į		l														i '
		\$3,000		\$3,000		\$3,000							<u> </u>										<u> </u>						<u> </u>
Prescription Drugs Tie		\$5/\$10		\$5/\$10	į	\$5/\$10		\$0/\$10		\$5/\$15		\$5/\$15	į.	\$5/\$15	İ	\$5/\$15		\$5/\$15		\$5/\$15		\$5/\$15		\$5/\$15		\$10		\$10/\$10	i '
Tie		\$10/\$20		\$10/\$20	•	\$10/\$20		\$10/\$20		\$15/\$25		\$15/\$25	•	\$15/\$25	l	\$15/\$25		\$15/\$25		\$15/\$25		\$15/\$25		\$15/\$25	1	\$40		\$35/\$100	i
Tie		\$10/\$20		\$10/\$20	•	\$10/\$20		\$50/\$70		\$45/\$65		\$45/\$65	!	\$60/\$80		\$60/\$80		\$60/\$80		\$60/\$80		\$60/\$80	1	\$60/\$80		\$75		\$70/\$200	i
Tie		\$5/10/\$10		\$5/10/\$10		\$5/10/\$10		\$100/\$120		\$85/\$105		\$85/\$105	į	\$110/\$130		\$110/\$130		\$110/\$130		\$110/\$130		\$110/\$130		\$110/\$130		\$125		N/A	1
Tie		N/A		N/A	•	N/A		\$150		\$250		\$250	-	\$250		\$250		\$250		\$250		\$250		\$250		N/A		N/A	!
Tie	er 6	N/A		N/A	i	N/A		\$250		\$350		\$350	<u>i</u>	\$350	i	\$350	<u> </u>	\$350		\$350		\$350	<u>i</u>	\$350	<u> </u>	N/A		N/A	

Quoted rates are subject to change based on final underwriting evaluation, including any changes to the submitted census date, requested benefits, and proposed effective date

Prepared by: American Central Insurance, 3300 Hedley Rd, Springfield, IL. 62711 Agent: Jeremy Travelstead