

In Network Benefits Sited Plan Number	10-1-2015 BCS RTS Pool	10-1-2016 BCBS RTS Pool		10-1-2017 BCBS RTS Pool		10-1-2018 BCBS RTS Pool			10-1-2019 BCBS RTS Pool	
	AWARE \$500/\$1000	AWARE \$500/\$1000	AWARE \$3250/\$6500	AWARE \$500/\$1000	AWARE \$3250/\$6500	AWARE \$500/\$1000	AWARE \$3375/\$6750 PrRX	AWARE \$6650/\$13,300 PrRX	AWARE \$3375/\$6750 PrRX	AWARE \$6650/\$13,300
Deductible										
Single	\$500	\$500	\$3,250	\$500	\$3,250	\$500	\$3,375	\$6,650	\$3,375	\$6,650
Family	\$1,000	\$1,000	\$6,500	\$1,000	\$6,500	\$1,000	\$6,750	\$13,300	\$6,750	\$13,300
Compatible with HSA/HRA	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes
Coinsurance after deductible	20%	20%	0%	20%	0%	20%	0%	0%	0%	0%
Out of Pocket Maximum										
Single	\$1,800	\$1,800	\$3,250	\$1,800	\$3,250	\$1,800	\$3,375	\$6,650	\$3,375	\$6,650
Family	\$5,000	\$5,000	\$6,500	\$5,000	\$6,500	\$5,000	\$6,750	\$13,300	\$6,750	\$13,300
Office Visits										
Office Visit /Urgent Care	\$25	\$25	0% after deductible	\$25	0% after deductible	\$25	0% after deductible	0% after deductible	0% after deductible	0% after deductible
E - Visits	\$40	\$40	\$40	\$40	\$40	\$40	\$45	\$45	\$48	\$48
Prescription Durgs										
Preferred Generic	\$9	\$9	0% after deductible	\$9	0% after deductible	\$9	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred Brand	\$40	\$40	0% after deductible	\$40	0% after deductible	\$40	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	\$90	\$90	Not covered	\$90	Not covered	\$90	Not covered	Not covered	Not covered	Not covered
Specialty	20% Coinsurance	20% Coinsurance	0% after deductible	20% Coinsurance	0% after deductible	20% Coinsurance	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preventive Drugs	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	Only ACA Mandated	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX
Monthly Premium										
Single	\$518.50	\$565.00	\$458.00	\$757.00	\$613.50	\$794.00	\$653.00	\$526.50	\$772.50	\$623.00
Family	\$1,295.00	\$1,411.50	\$1,120.00	\$1,891.50	\$1,501.00	\$1,984.00	\$1,601.50	\$1,262.50	\$1,894.50	\$1,493.50
ER Contribuitor/month	100%	\$520	\$458	\$520	\$520	\$520	\$520	\$520	\$520	\$520
ER HSA Contribution/month	No	No	\$62	No	No	No	No	No	No	No
	HITA Bid Year			HITA Bid Year		Discontinued \$500 deduct plan added \$3375 HSA			HITA Bid Year	
Renewal Data			Utilization 124%							
Incurred Claims	\$259,040		\$142,933		\$120,104					
Income	\$87,428		\$115,525		\$82,161		Period of 3-2016 to 2-2018	\$261,471	Period of 3-2018 to 3-2019	\$137,408
Recommended Renewal	9%		16.8%		39%			4.90%		
Actual Renewal Increase	9%		9%		34%		Utilization 103%	4.90%		19.75%
Coop Renewal Spread					-23% to 168%			4.9% to 29.9%		18.25%
						Plan changes 3250 to 3375 +2.5% added 6350, added PrX both plans			1 Active High Case over \$50,000	

In Network Benefits Sited Plan Number	10-1-2020 BCBS RTS Pool		10-1-2021 to 12-1-2021 BCBS RTS Pool (3 months)		1-1-2022 to 12-31-2021 Medica RTS Pool (12 months)		1.1.2023 MEDICA RTS Pool		
	\$3375/\$6750 PrRX	\$6650/\$13,300 PrRX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX	\$3375/\$6750 PrRX	\$6650/\$13,300 Pr RX	
Deductible									
Single	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	
Family	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	
Coinsurance after deductible	0%	0%	0%	0%	0%	0%	0%	0%	
Out of Pocket Maximum									
Single	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	\$3,375	\$6,650	
Family	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	\$6,750	\$13,300	
Office Visits									
Office Visit /Urgent Care	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Specilist	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
E - Visits	\$48	\$48	\$50	\$50	\$50	\$50	\$52 to \$58	\$52 to \$58	
Prescription Durgs									
Preferred Generic	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Preferred Brand	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Non-Preferred	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	
Specialty	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Preventive Drugs	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	ACA & BCBS Prev RX	
Monthly Premium									
Single	\$830.50 (4)	\$669.50 (14)	\$830.50 (4)	\$669.50 (14)	\$830.50 (4)	\$669.50 (14)	\$855.59 (5) 3.02%	\$710.38 (18) 6.11%	
Family	\$2036.50 (1)	\$1605.50 (3)	\$2036.50 (1)	\$1605.50 (3)	\$2036.50 (1)	\$1605.50 (3)	\$2051.75 (1) 0.75%	\$1703.53 (2) 6.11%	
Primary Care Doctor	No	No	No	No	No	No	No	No	
Referral Needed	No	No	No	No	No	No	No	No	
Mayo Included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
ER Contribuitor/month	\$520	\$520	\$520	\$520	\$520	\$520	TBA	TBA	
HSA Contribution/month	No	No	No	No	No	No	TBA	TBA	
			HITA		HITA		Source Well not competitive		
Renewal Data									
Incurred Claims		\$113,055	Period 1 12-2019 to 11-2020	\$143,089	Moved to Medica 1.1.2022 Plan and rates remained unchanged 10.1.2020 to 12.31.2022 (26 months)	NA	Period 1 1.2022 to 7.2022	\$162,267	
Income	Period 3-2019 to 2-2020	\$172,178		\$220,961		NA		\$174,284	
Recommended Renewal			High claims period 1 NA	64%		NA	Claims ratio	93%	
Actual Renewal Increase		7.50%	High claims period2 \$66,031 & \$60,364	5.89% 0.0%		0.00%		5.00%	
Coop Renewal Spread									
	3 months remain with BCBS renew with Medica 1.1.2022				Renewed until 1.1.2022 at 2020 Rate ReAlignment 2023 Quoted 3 Tier Rate - not accepted		MHC 2023 Tier Rate Increase 2.5% or 5.0% or 7.5% Plus plan adjustment		