

New Berlin CUSD #16 Medical Cost Analysis

AMERICAN CENTRAL
INSURANCE SERVICES

BENEFITS | HR | COMPLIANCE
Est. 1987

	United Healthcare		BlueCross BlueShield		United Healthcare		BlueCross BlueShield		United Healthcare		BlueCross BlueShield	
	Current		Alternate Plan A		Current		Alternate Plan B		Current		Alternate Plan C	
	BT39 Mod (Balanced)		MIBPP2140 BCBS - PPO/HRA		BT4M Mod (Balanced)		MIBPP2000 BCBS - No Deductible		BT5Z Mod (HSA)		MIEEA3033 - HSA BCBS - High Deductible	
	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	\$3,500	\$7,000	\$3,500	\$7,000	\$0	\$10,000	\$0	\$0	\$2,500	\$2,500	\$2,500	\$5,000
Family	\$10,200	\$20,400	\$10,500	\$21,000	\$0	\$20,000	\$0	\$0	\$5,000	\$5,000	\$5,000	\$10,000
Coinurance	80%	60%	80%	60%	100%	70%	90%	70%	100%	70%	80%	60%
Out-of-Pocket Maximum												
Individual	\$5,500	\$11,000	\$5,500	\$16,500	\$1,500	\$20,000	\$1,000	\$3,000	\$5,000	\$5,000	\$5,000	\$15,000
Family	\$10,200	\$20,400	\$12,000	\$36,000	\$3,000	\$40,000	\$3,000	\$9,000	\$8,550	\$10,000	\$7,350	\$22,050
Out-Patient Hospitalization	20%	40%	20%	40%	0%	30%	10%	30%	0%	30%	20%	40%
In-Patient Hospitalization	20%	40%	20%	\$300 and 40%	0%	30%	10%	\$300 and 30%	0%	30%	20%	\$300 and 40%
Emergency Room	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	0%	0%	20%	20%
Primary Care Office Visit	\$20	40%	\$20	40%	\$20	30%	\$20	30%	0%	30%	20%	40%
Specialist Care Office Visit	\$40	40%	\$40	40%	\$40	30%	\$40	30%	0%	30%	20%	40%
Prescription Drugs Expense Limit												
Tier 1	\$10		\$0/\$10		\$10		\$0/\$10		\$10		10%/20%	
Tier 2	\$35		\$10/\$20		\$35		\$10/\$20		\$35		10%/20%	
Tier 3	\$60		\$50/\$70		\$60		\$50/\$70		\$60		20%/30%	
Tier 4	N/A		\$100/\$120		N/A		\$100/\$120		N/A		30%/40%	
Tier 5	N/A		\$150		N/A		\$150		N/A		40%	
Tier 6	N/A		\$250		N/A		\$250		N/A		50%	

Please see rates for plans attached.