

Streator Elementary School District #44 Medical Cost Analysis

BlueCross BlueShield														United Healthcare	
Current		Renewal		Revised Renewal		Option 1		Option 2		Option 3		Option 4			
PPO						MIBPP2000		MIBPP2010		MIBPP2020		DO26 Mod (Premier)			
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	Designated Network	In-Network		
Count															
Single	53		53		53		53		53		53		53		
Family	71		71		71		71		71		71		71		
Rates															
Single	\$882.26		\$987.25		\$921.08		\$893.92		\$867.54		\$852.63		\$927.28		
Family	\$2,255.08		\$2,523.43		\$2,354.30		\$2,284.85		\$2,217.42		\$2,179.33		\$2,370.15		
Estimated Monthly Premium	\$206,870.46		\$231,487.78		\$215,972.54		\$209,602.11		\$203,416.44		\$199,921.82		\$217,426.49		
Percentage Change			11.90%		4.40%		1.32%		-1.67%		-3.36%		5.10%		
Dollar Change			\$24,617.32		\$9,102.08		\$2,731.65		-\$3,454.02		-\$6,948.64		\$10,556.03		
Deductible															
Individual	\$325	\$325	\$325	\$325	\$325	\$325	\$0	\$0	\$250	\$500	\$500	\$1,000	\$325	\$325	
Family	\$975	\$975	\$975	\$975	\$975	\$975	\$0	\$0	\$750	\$1,500	\$1,500	\$3,000	\$975	\$975	
Coinsurance	90%	80%	90%	80%	90%	80%	90%	70%	80%	60%	10%	30%	90%	70%	
Out-of-Pocket Maximum															
Individual	\$700	\$1,200	\$700	\$1,200	\$700	\$1,200	\$1,000	\$3,000	\$1,250	\$3,750	\$1,500	\$4,500	\$700	\$1,200	
Family	\$1,400	\$2,400	\$1,400	\$2,400	\$1,400	\$2,400	\$3,000	\$9,000	\$3,750	\$11,250	\$4,500	\$13,500	\$1,400	\$2,400	
In-Patient Hospitalization	10%	20%	10%	20%	10%	20%	10%	\$300 and 30%	20%	\$300 and 40%	10%	\$300 and 30%	10%	30%	
Out-Patient Hospitalization	10%	20%	10%	20%	10%	20%	10%	30%	20%	40%	10%	30%	10%	30%	
Emergency Room	10%	10%	10%	10%	10%	10%	\$150	\$150	\$150	\$150	\$150	\$150	\$250 and 10%	\$250 and 10%	
Office Visit	10%	20%	10%	20%	10%	20%	\$20	30%	\$20	40%	\$20	30%	\$20	70%	
Specialist Visit	10%	20%	10%	20%	10%	20%	\$40	30%	\$40	40%	\$40	30%	\$40	70%	
Prescription Drug Limit	Individual		\$1,000		\$1,000		N/A		N/A		N/A		N/A		
Deductible	Family		\$3,000		\$3,000		N/A		N/A		N/A		N/A		
Prescription Drugs	Tier 1	\$5/\$10	\$5/\$10	\$5/\$10	\$5/\$10	\$5/\$10	\$0/\$10		\$0/\$10		\$0/\$10		\$10		
	Tier 2	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20		\$10/\$20		\$10/\$20		\$30		
	Tier 3	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$50/\$70		\$35/\$55		\$50/\$70		\$50		
	Tier 4	\$5/10/\$10	\$5/10/\$10	\$5/10/\$10	\$5/10/\$10	\$5/10/\$10	\$100/\$120		\$75/\$95		\$100/\$120		N/A		
	Tier 5	N/A	N/A	N/A	N/A	N/A	\$150		\$150		\$150		N/A		
	Tier 6	N/A	N/A	N/A	N/A	N/A	\$250		\$250		\$250		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.

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