

Red Wing Public Schools  
**Medical Plan Cost and Benefit Analysis**  
 01/01/2024 Renewal



Renewal   Blue Cross Blue Shield of MN														Alternative Plans   Blue Cross Blue Shield of MN					
01/01/2024 - Renewal														Renewal Alternative Plan #2 Blue Cross Blue Shield \$7,000 Deductible HRA Plan High Value Network Effective Date 1-1-24					
Renewal Plan #1 Blue Cross Blue Shield \$7,000 Deductible HRA Plan Open Access Effective Date 1-1-24		Renewal Plan #2 Blue Cross Blue Shield \$5,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-24		Renewal Plan #3 Blue Cross Blue Shield \$3,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-24		Renewal Plan #4 Blue Cross Blue Shield \$3,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-24		Renewal Plan #5 Blue Cross Blue Shield \$5,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-24		Renewal Plan #6 Blue Cross Blue Shield \$350 Deductible Plan Aware Network - Open Access Effective Date 1-1-24									
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																			
Type																			
Individual																			
Family																			
Coinsurance (Member Pays)																			
Out-of-Pocket Maximum																			
Individual																			
Family																			
After Deductible is met (Member Cost)																			
Hospitalization																			
Emergency Room																			
Urgent Care																			
Office Visit																			
E-Visit																			
Specialist Visit																			
Preventive Care																			
Prescription Drugs																			
Generic Drugs																			
Preferred (Formulary) Brand Drugs																			
Non-Preferred (Non-Formulary) Brand Drugs																			
Specialty Drugs																			
Rate Guarantees																			
Rate Guarantees																			
*This is a summary of benefit highlights only. See plan document for full plan details.																			
<b>TOTAL RATES</b>																			
Estimated Enrollment																			
Single																			
Family																			
Estimated Monthly Premium by Plan																			
Estimated Annual Premium by Plan																			
Estimated Monthly Premium Total All Plans																			
Estimated Annual Premium Total All Plans																			
Annual Dollar Change from Current																			
Percent Change from Current																			