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

	Renewal   Blue Cross Blue Shield of MN 01/01/2024 - Renewal												Alternative Plans   Blue Cross Blue Shield of MN	
intellicents <sup>°</sup>	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		Renewal Alternative Plan #2 Blue Cross Blue Shield \$7,000 Deducible HRA Plan High Value Network 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	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible														
Type Individual	Embedded \$7,000 \$10,000		Embedded \$5,000 \$6,500		Embeded \$3,000 \$4,500		Embeded \$3,000 \$5,000		Embedded \$5.000 \$6.500		Embedded \$350 \$700		Embedded \$7,000 \$10,000	
Family	\$14,000	\$20,000	\$10,000	\$13,000	\$6,000	\$9,000	\$6,000	\$10,000	\$10,000	\$13,000	\$700	\$1,400	\$14,000	\$20,000
Coinsurance (Member Pays)	0%	40%	20-30%	40%	20-30%	40%	20-30%	40%	20-30%	40%	20%	30%	0%	40%
Out-of-Pocket Maximum														
Individual Family	\$7,000	\$15,000	\$5,600	\$8,000	\$4,500	\$6,000	\$4,500	\$10,000	\$5,600	\$10,000	\$1,500	\$2,200	\$7,000	\$15,000
After Deductible is met (Member Cost)	\$14,000	\$30,000	\$11,200	\$16,000	\$9,000	\$12,000	\$9,000	\$20,000	\$11,200	\$20,000	\$3,000	\$4,200	\$14,000	\$30,000
Hospitalization	0% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED
Emergency Room	0% after DED	0% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	20% after DED	0% after DED	0% after DED
Urgent Care	0% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED
Office Visit	0% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED
E-Visit	0% after DED	Not Covered	No charge for first 3 E-visits; 20% thereafter	Not Covered	No charge for first 3 E-visits; 20% thereafter	Not Covered	No charge for first 3 E-visits; 20% thereafter	Not Covered	No charge for first 3 E-visits; 20% thereafter	Not Covered	No charge for first 3 E-visits; 20% thereafter	Not Covered	0% after DED	Not Covered
Specialist Visit	0% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	40% after DED	20% after DED	30% after DED	0% after DED	40% after DED
Preventative Care	No Charge	40% after DED	No Charge	40% after DED	No Charge	40% after DED	No Charge	40% after DED	No Charge	40% after DED	No Charge	See SBC	No Charge	40% after DED
Prescription Drugs														
Generic Drugs	0% after DED	Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Retail: 40% after DED Mail: Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Not Covered	Formulary: 20% after DED Non-Formulary: 30% after DED	Not Covered	Formulary: \$12 copay Non-Formulary: \$70 copay	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered
Preferred (Formulary) Brand Drugs	0% after DED	Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Not Covered	20% after DED	Not Covered	\$35 copay	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered
Non-Preferred (Non-Formulary) Brand Drugs	0% after DED	Not Covered	30% after DED	Retail: 40% after DED Mail: Not Covered	30% after DED	Retail: 40% after DED Mail: Not Covered	30% after DED	Not Covered	30% after DED	Not Covered	\$70 copay	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered
Specialty Drugs	0% after DED	Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Retail: 40% after DED Mail: Not Covered	20% after DED	Not Covered	20% after DED	Not Covered	Generic Formulary: \$12 Brand Formulary: \$35 Non-Formulary: 70	Retail: 30% after DED Mail: Not Covered	0% after DED	Not Covered
Rate Guarantees	-				· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·					
Rate Guarantees	None											None		
*This is a summary of benefit highlights only. See plan document for full plan details.	•												•	
TOTAL RATES														
Estimated Enrollment	Monthly Rates - Plan 1   \$7,000 Open Access		Monthly Rates - Plan 1   \$5,000 Open Access		Monthly Rates - Plan 3   \$3,000 Open Access		Monthly Rates - Plan 4   \$3,000 High Value		Monthly Rates - Plan 5   \$5,000 High Value		Monthly Rates - Plan 6   \$350 Open Access		Monthly Rates - Alternative 2   \$7,000 High Value (compared to \$7,000 Open Access Plan)	
Plan 1 - \$7,000 OA Plan 2 - \$5,000 OA Plan 3 - \$3000 OA Plan 4 - \$3000 HV Plan 5 - \$5000 HV Plan 6 - \$350 OA														
Single 39 32 25 26 9 0 Family 27 31 31 18 7 0	\$815.31	16.03%	\$905.94	17.51%	\$1,000.20	16.53%	\$807.09	18.09%	\$725.00	18.12%	\$1,317.00	16.21%	\$660.63 \$1.657.63	-5.98%
Family 27 31 31 18 7 0   Estimated Monthly Premium by Plan 0	\$2,045.75	16.03% \$87.032	\$2,273.14	17.51% 57	\$2,509.67	16.53% 805	\$2,025.11	18.09%	\$1,819.15	18.12%	\$3,304.55	16.21%		-5.98%
Estimated Annual Premium by Plan	\$1,044,388 \$1,193,489 \$1,233,657 \$689,236 \$231,109 \$0												\$846,247	
Estimated Monthly Premium Total All Plans	\$365,990											-\$53,850		
Estimated Annual Premium Total All Plans	\$4,391,879 58,813 58,813												-5	.98%
Annual Dollar Change from Current														
A Change from Current 17.00%														