

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



Current												
01/01/2023 - Current												
	Current Plan #1 Blue Cross Blue Shield \$7,000 Deductible HRA Plan Open Access Effective Date 1-1-23		Current Plan #2 Blue Cross Blue Shield \$5,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-23		Current Plan #3 Blue Cross Blue Shield \$3,000 Deductible HRA Plan Aware Network - Open Access Effective Date 1-1-23		Current Plan #4 Blue Cross Blue Shield \$3,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-23		Current Plan #5 Blue Cross Blue Shield \$5,000 Deductible HRA Plan High Value Network - Non-Mayo Network Effective Date 1-1-23		Current Plan #6 Blue Cross Blue Shield \$350 Deductible Plan Aware Network - Open Access Effective Date 1-1-23	
	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	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Type	Individual		Individual		Individual		Individual		Individual		Individual	
Family	\$7,000	\$10,000	\$5,000	\$6,500	\$3,000	\$4,500	\$3,000	\$5,000	\$5,000	\$6,500	\$350	\$700
Family	\$14,000	\$20,000	\$10,000	\$13,000	\$6,000	\$9,000	\$6,000	\$10,000	\$10,000	\$13,000	\$700	\$1,400
Coinurance (Member Pays)	0%	40%	20-30%	40%	20-30%	40%	20-30%	40%	20-30%	40%	20%	30%
Out-of-Pocket Maximum	Individual		Individual		Individual		Individual		Individual		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
Family	\$14,000	\$30,000	\$11,200	\$16,000	\$9,000	\$12,000	\$9,000	\$20,000	\$11,200	\$20,000	\$3,000	\$4,200
After Deductible is met (Member Cost)	Hospitalization		Hospitalization		Hospitalization		Hospitalization		Hospitalization		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	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	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	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	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	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	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
	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
Prescription Drugs	Generic Drugs		Generic Drugs		Generic Drugs		Generic Drugs		Generic 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	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	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	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
Rate Guarantees	Year 2 - 17% Cap											
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<i>*This is a summary of benefit highlights only. See plan document for full plan details.</i>												
<b>TOTAL RATES</b>												
Estimated Enrollment	Monthly Rates - Plan 1   \$7,000 Open Access		Monthly Rates - Plan 2   \$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	
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						
Estimated Monthly Premium by Plan	\$702.67		\$770.96		\$858.35		\$683.43		\$613.78		\$1,133.27	
Estimated Annual Premium by Plan	\$1,763.11		\$1,934.45		\$2,153.74		\$1,714.83		\$1,540.08		\$2,843.55	
Estimated Monthly Premium Total All Plans	\$75,008		\$84,639		\$88,225		\$48,636		\$16,305		\$0	
Estimated Annual Premium Total All Plans	\$900,097		\$1,015,664		\$1,058,696		\$583,633		\$195,655		\$0	
Annual Dollar Change from Current	\$312,812											
Percent Change from Current	3.75%											