

Browning Public Schools Fully-Insured Medical Cost Analysis 2024

Leavitt Group		Current Plan	Projected Renewal	Option 1	Option 2	Option 3	Option 4	Option 5
		Joint Powers Trust	Joint Powers Trust	MUST	BCBSMT - mirroring current	BCBSMT - standard plans	PacificSource Health Plans	Mountain Health Co-Op
Enrolled								
Employee Only	43	\$1,792.53	\$1,972.00	\$1,888.00	\$864.97	\$828.92	\$929.06	\$2,405.98
Employee + Spouse	17	\$1,792.53	\$1,972.00	\$1,888.00	\$2,162.42	\$2,072.30	\$2,136.84	\$2,405.98
Employee + Child(ren)	34	\$1,792.53	\$1,972.00	\$1,888.00	\$2,162.42	\$2,072.30	\$1,709.47	\$2,405.98
Family	64	\$1,792.53	\$1,972.00	\$1,888.00	\$2,162.42	\$2,072.30	\$2,712.86	\$2,405.98
Estimated Monthly Premium		\$283,219.74	\$311,576.00	\$298,304.00	\$285,872.01	\$273,958.06	\$308,020.88	\$380,144.84
Estimated Annual Premium		\$3,398,636.88	\$3,738,912.00	\$3,579,648.00	\$3,430,464.12	\$3,287,496.72	\$3,696,250.56	\$4,561,738.08
Percentage Change		n/a	10.01%	5.33%	20.21%	-3.27%	8.76%	34.22%
Annual Premium Difference		n/a	\$340,275.12	\$181,011.12	\$31,827.24	-\$111,140.16	\$297,613.68	\$1,163,101.20
Deductible								
Individual		\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000
Family		\$2,000	\$2,000	\$2,000	\$2,000	\$3,000	\$2,000	\$3,000
Coinsurance		30%	30%	20%	30%	20%	30%	30%
Out-of-pocket Maximum								
Individual		\$3,000	\$3,000	\$3,000	\$3,000	\$3,500	\$3,000	\$3,000
Family		\$6,000	\$6,000	\$6,000	\$6,000	\$7,000	\$6,000	\$6,000
Office Visit-Primary Care		\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay	\$25 Copay	Deductible then 30%	First visit \$0 / All following visits apply to Deductible then 30%
Preventative Care		Covered at 100% as outlined by the Affordable Care Act's Preventive Care Task Force						
Prescription Drugs								
Deductible		Waived	Waived	Waived	Waived	Waived	Waived	Waived
Generic		\$30 Copay	\$30 Copay	\$10 - \$30 Copay	\$30 Copay	\$0-\$10 Copay	\$0 Copay	\$0 Copay
Preferred Brand		\$30 Copay	\$30 Copay	\$50 Copay	\$30 Copay	\$35 Copay	\$30 Copay	\$30 Copay
Non-preferred Brand		\$60 Copay	\$60 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$60 Copay
Specialty		\$150 Copay	\$150 Copay	Excluded - MUST works with a third party advocacy group that assists the member in finding no-cost solutions to obtain their Specialty Medications.	\$150 Copay	\$200-\$300 Copay	\$150 Copay	\$150 Copay

The above premium tiers have not been set by BPS, this is an example of a 10% increase.

** In-Network/Participating Provider Benefits Shown Only. Out of Network can be a different benefit.
 * This is not in replacement of your carrier quote, please refer to your provided quote for all benefit information and rates.*