






Lakeview Community Schools

Side-by-Side Analysis

Renewal Date: October 1, 2019



Carrier	CURRENT		RENEWAL		SOLUTION 1	SOLUTION 2	SOLUTION 2
							
Plan Name	Simply Blue PPO HSA \$1,350 / 0%		Simply Blue PPO HSA \$1,350 / 0%		ABC Plan 1 HDHP	ABC Plan 1 HDHP	ABC Plan 1 HDHP
Member Responsibility							
Deductible Individual / Family	\$1,350 / \$2,700 (Moving to \$1,400 / \$2,800 in 2020)		\$1,350 / \$2,700 (Moving to \$1,400 / \$2,800 in 2020)		\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800
% Coinsurance	0%		0%		0%	0%	20%
Embedded Coinsurance Maximum	N/A		N/A		N/A	N/A	N/A
Preventive Services	Covered 100%		Covered 100%		Covered 100%	Covered 100%	Covered 100%
Primary Physician	100% Covered after Deductible		100% Covered after Deductible		100% Covered after Deductible	100% Covered after Deductible	20% after Deductible
Specialist	100% Covered after Deductible		100% Covered after Deductible		100% Covered after Deductible	100% Covered after Deductible	20% after Deductible
Urgent Care	100% Covered after Deductible		100% Covered after Deductible		100% Covered after Deductible	100% Covered after Deductible	20% after Deductible
ER	100% Covered after Deductible		100% Covered after Deductible		100% Covered after Deductible	100% Covered after Deductible	20% after Deductible
Prescription Drugs	EHIM: \$5 / \$25 / \$50		EHIM: \$5 / \$25 / \$50		\$2 / \$10 / \$20 / \$40 after Deductible	\$10 / 20% / 20% after Deductible	\$10 / 20% / 20% after Deductible
Annual Out-Of-Pocket Maximum	\$1,350 / \$2,700 (Moving to \$1,400 / \$2,800 in 2020)		\$1,350 / \$2,700 (Moving to \$1,400 / \$2,800 in 2020)		\$2,400 / \$4,800	\$3,400 / \$6,800	\$4,350 / \$6,900
Annual Out-Of-Pocket Maximum = Deductible + Coinsurance + Copays							
Enrollment		68 enrolled	68 enrolled		68 enrolled	68 enrolled	68 enrolled
Single:	13	\$480.81	\$547.11		\$568.13	\$543.46	\$492.66
Two Person:	11	\$1,153.95	\$1,313.07		\$1,276.44	\$1,220.94	\$1,106.61
Family:	44	\$1,442.45	\$1,641.35		\$1,588.08	\$1,519.01	\$1,376.73
Monthly Premium*		\$82,411.78	\$93,775.60		\$91,302.05	\$87,331.76	\$79,153.41
Annual Premium		\$988,941.36	\$1,125,307.20		\$1,095,624.60	\$1,047,981.12	\$949,840.92
Percent Increase:			13.79%		10.79%	5.97%	-3.95%

*BCBSM Current and Renewal Rates Include EHIM Estimated Illustrative Rates (Based on Utilization)

The above rates are not guaranteed and are subject to underwriting review and approval