



Madison School District

Medical Plan Analysis

Administrators & Custodians

Effective Date: January 1, 2018

	Current	Renewal
	Blue Cross Blue Shield of Michigan ®	Blue Cross Blue Shield of Michigan ®
	BCBSM SB PPO HSA \$2,000-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$2,000-0%; \$10/\$40/\$80 Rx
Rate Period	1/1/2018 - 12/31/2018	1/1/2019 - 12/31/2019
Benefits	In-Network	In-Network
Deductible		
Individual	\$2,000	\$2,000
Family	\$4,000	\$4,000
Coinsurance	0% for most services, after in-network deductible	0% for most services, after in-network deductible
Coinsurance Maximum	N/A	N/A
Out-of-Pocket Maximum		
Individual	\$3,000	\$3,000
Family	\$6,000	\$6,000
Professional Services		
Office Visit	0% coinsurance after in-network deductible	0% coinsurance after in-network deductible
Specialist Visit	0% coinsurance after in-network deductible	0% coinsurance after in-network deductible
Chiropractic	0% coinsurance after in-network deductible/12 visits per year	0% coinsurance after in-network deductible/12 visits per year
Emergency Services		
Urgent Care	0% coinsurance after in-network deductible	0% coinsurance after in-network deductible
Emergency Room	0% coinsurance after in-network deductible	0% coinsurance after in-network deductible
Prescription Drugs		
Preferred Generic		
Generic	\$10 copay after deductible	\$10 copay after deductible
Preferred Brand	\$40 copay after deductible	\$40 copay after deductible
Non-Preferred Brand	\$80 copay after deductible	\$80 copay after deductible
Preferred Specialty		
Non-Preferred Specialty		
Rates Including Additional Fees		
Single	6 \$473.57	\$477.07
Two Person	3 \$1,125.52	\$1,133.35
Family	14 \$1,404.92	\$1,414.60
Costs Including Additional Fees		
Combined Est. Monthly Premium	\$25,886.86	\$26,066.87
Combined Est. Annual Premium	\$310,642.32	\$312,802.44
Percentage Change From Current		1%
Annual Dollar Change From Current		\$2,160.12

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Proposed Plans:

*Rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

*Rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

SET SEG:

*Current Rate includes \$7.90 Enrollment & Billing fee; Renewal Rate includes \$8.30 Enrollment & Billing fee

*Effective on your next 2019 medical renewal date, Enrollment and Billing Fee will increase to \$8.30.