



**Ovid Elsie Area Schools**  
**HEALTH BENEFIT/COST ANALYSIS**  
**2024 BCBSM and BCN Options**

	Current BCBSM 7/1/2023-6/30/2024		Renewal BCBSM 7/1/2024-6/30/2025		Current BCN 7/1/2023-6/30/2024		Renewal BCN 7/1/2024-6/30/2025	
	Plan Name	Simply Blue PPO HSA		Simply Blue PPO HSA		HSA \$1500 0%		HSA \$1600 0%
Provider Network	PPO		PPO		HMO		HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$1,500	\$3,000	\$1,600	\$3,200	\$1,500	N/A	\$1,600	N/A
Family Deductible	\$3,000	\$6,000	\$3,200	\$6,400	\$3,000	N/A	\$3,200	N/A
Coinsurance	0%	20%	0%	\$0	50% certain services	N/A	50% certain services	N/A
Single Out of Pocket Max	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	N/A	\$4,000	N/A
Family Out of Pocket Max	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000	N/A	\$8,000	N/A
Office Visits	Deductible, then fully covered	Deductible, then 20% Coinsurance	Deductible, then fully covered	Deductible, then 20% Coinsurance	Deductible, then fully covered	N/A	Deductible, then fully covered	N/A
Urgent Care	Deductible, then fully covered	Deductible, then 20% Coinsurance	Deductible, then fully covered	Deductible, then 20% Coinsurance	Deductible, then fully covered	N/A	Deductible, then fully covered	N/A
Emergency Room	Deductible, then fully covered		Deductible, then fully covered		Deductible, then fully covered		Deductible, then fully covered	
Retail	\$10/\$40/\$80 after deductible	\$10/\$40/\$80, plus 20% of approved amount after deductible	\$10/\$40/\$80 after deductible	\$10/\$40/\$80, plus 20% of approved amount after deductible	\$4/\$15/\$40/\$80/20%/20% after deductible	N/A	\$4/\$15/\$40/\$80/20%/20% after deductible	N/A
	Current		Renewal		Current BCN		Renewal BCN	
Single	17	\$531.17	\$674.80		\$321.25		\$424.28	
Double	12	\$1,274.82	\$1,619.52		\$771.01		\$1,018.27	
Family	59	\$1,593.52	\$2,024.39	2	\$963.75		\$1,272.84	
Monthly Premium		\$118,345.41	\$150,344.85		\$1,927.50		\$2,545.68	
Annual Premium		\$1,420,144.92	\$1,804,138.20		\$23,130.00		\$30,548.16	
Cost Difference (%)			27.04%				32.07%	
Annual Difference (\$)			\$383,993.28				\$7,418.16	
PA 152 Annual Hard Cap								
Single		\$7,399.47	\$7,702.85		\$7,399.47		\$7,702.85	
Double		\$15,474.60	\$16,109.06		\$15,474.60		\$16,109.06	
Family		\$20,180.43	\$21,007.83		\$20,180.43		\$21,007.83	
Monthly Cost to Hard Cap								
Single		(\$85.45)	\$32.90		(\$295.37)		(\$217.62)	
Double		(\$14.73)	\$277.10		(\$518.54)		(\$324.15)	
Family		(\$88.18)	\$273.74		(\$717.95)		(\$477.81)	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.