



## Ovid Elsie Area Schools HEALTH BENEFIT/COST ANALYSIS

Current BCBSM vs BCBSM Renewal, Current BCN vs BCN Renewal

Plan Name	Current BCBSM 7/1/2021-6/30/2022		Renewal BCBSM 7/1/2022-6/30/2023		Current BCN 7/1/2021-6/30/2022		Renewal BCN 7/1/2022-6/30/2023	
	Simply Blue PPO HSA		Simply Blue PPO HSA		HSA \$1400 0%		HSA \$1400 0%	
	PPO		PPO		HMO		HMO	
Provider Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	N/A	\$1,400	N/A
Family Deductible	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	N/A	\$2,800	N/A
Coinsurance	0%	\$0	0%	\$0	50% certain services	N/A	50% certain services	N/A
Single Out of Pocket Max	\$2,250	\$4,500	\$2,250	\$4,500	\$4,000	N/A	\$4,000	N/A
Family Out of Pocket Max	\$4,500	\$9,000	\$4,500	\$9,000	\$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	\$10/\$40/\$80, plus 20% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80, plus 20% of approved amount	\$4/\$15/\$40/\$80/20%/20%	N/A	\$4/\$15/\$40/\$80/20%/20%	N/A
	Current		Renewal		Current BCN		Renewal BCN	
Single	83	\$499.63	\$480.02		\$436.22		\$457.77	
Double	15	\$1,199.08	\$1,152.05		\$1,046.93		\$1,098.65	
Family	11	\$1,498.86	\$1,440.06	1	\$1,308.66		\$1,373.31	
Monthly Premium		\$75,942.95	\$72,963.07		\$1,308.66		\$1,373.31	
Annual Premium		\$911,315.40	\$875,556.84		\$15,703.92		\$16,479.72	
Cost Difference (%)			-3.92%				4.94%	
Annual Difference (\$)			(\$35,758.56)				\$775.80	
Monthly Cost to Hard Cap								
Single		(\$87.36)	(\$128.69)		(\$150.77)		(\$150.94)	
Double		(\$28.50)	(\$120.95)		(\$180.65)		(\$174.35)	
Family		(\$102.03)	(\$220.06)		(\$292.23)		(\$286.81)	

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.