



Uby Community Schools
HEALTH BENEFIT/COST ANALYSIS
Blue Care Network (BCN)

		Current BCN 7/1/2023-6/30/2024		Renewal BCN 7/1/2024-6/30/2025		Option 1 7/1/2024-6/30/2025	
Plan Name		BCN HSA HMO \$2000		BCN HSA HMO \$2000		BCN HSA HMO \$1600	
Provider Network		BCN HMO		BCN HMO		BCN HMO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)	
Single		\$2,000	N/A	\$2,000	N/A	\$1,600	N/A
Family		\$4,000	N/A	\$4,000	N/A	\$3,200	N/A
Coinsurance		0%, except 50% for: durable medical, infertility care, orthognathic, orthotics, prosthetics, sterilizations, TMJ, weight reduction	N/A	0%, except 50% for: durable medical, infertility care, orthognathic, orthotics, prosthetics, sterilizations, TMJ, weight reduction	N/A	0%, except 50% for: durable medical, infertility care, orthognathic, orthotics, prosthetics, sterilizations, TMJ, weight reduction	N/A
Single Out of Pocket Max		\$4,000	N/A	\$4,000	N/A	\$4,000	N/A
Family Out of Pocket Max		\$8,000	N/A	\$8,000	N/A	\$8,000	N/A
Office Visits		Deductible, then fully covered	N/A	Deductible, then fully covered	N/A	Deductible, then fully covered	N/A
Urgent Care		Deductible, then fully covered	N/A	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	
Retail		\$10/\$30/\$60/\$80/20%/20% after deductible	N/A	\$10/\$30/\$60/\$80/20%/20% after deductible	N/A	\$10/\$30/\$60/\$80/20%/20% after deductible	N/A
		Current		Renewal		Rates	
Single	5	\$536.16		\$556.09	5	\$582.53	
Double	3	\$1,286.78		\$1,334.61	3	\$1,398.07	
Family	4	\$1,608.48		\$1,668.26	4	\$1,747.58	
Monthly Premium		\$12,975.06		\$13,457.32		\$14,097.18	
Annual Premium		\$155,700.72		\$161,487.84		\$169,166.16	
Cost Difference (%)		--		3.72%		8.65%	
Annual Cost Difference (\$)		--		\$5,787.12		\$13,465.44	
Monthly Cost to PA 152 Hard Cap							
Single		(\$80.46)		(\$85.81)		(\$59.37)	
Double		(\$2.77)		(\$7.81)		\$55.65	
Family		(\$73.22)		(\$82.39)		(\$3.07)	

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.