

City of Baxter
2027 Medical Plans - Better Health Collective Sourcewell Co-op (BCBS)
(includes Kavira)

Plan Name: Network:		BHC Sourcewell/BCBS (CURRENT) Open Access 0Q4CF-150V-90-1600-CopayRx		HDHP - HSA Plan Option Smart Plan 3: \$3,500-0%	
		In-Network Benefits		In-Network Benefits	
Deductible		Embedded*		Embedded*	
Single		None		\$3,500	
Family		None		\$7,000	
Employee Coinsurance		20% / 10%		0%	
Out-of-Pocket Maximum					
Single		\$1,600		\$3,500	
Family		\$6,000		\$7,000	
Preventive Services		No Charge		100% Coverage	
Office Visits		\$15 Copay		Ded; then 0%	
Telehealth - Dr on Demand		\$15 Copay		\$40 Copay	
KAVIRA (virtual or in-person)		No Cost to Member!		No Cost to Member!	
Emergency Room Services		\$60 Copay		Ded; then 0%	
Urgent Care		\$15 Copay		Ded; then 0%	
Ambulance		20% coinsurance		Ded; then 0%	
Inpatient Facility Services		10% coinsurance		Ded; then 0%	
Outpatient Facility Services		\$15 Copay OV/20% all other services		Ded; then 0%	
Bariatric Surgery Services		10% coinsurance		Ded; then 0%	
Infertility Treatment		20% through Progyny		Ded; then 0%	
Prescription Drugs (FlexRX Drug List)		Creditable for Med Part D		Creditable for Med Part D	
Preventive RX		N/A		Gen: \$0/Brand \$150 copay	
Preferred Generic		20% with min/max \$10/\$30 copay		Ded; then 0%	
Preferred Brand		20% with min/max \$10/\$30 copay		Ded; then 0%	
Non-Formulary		No Coverage		no coverage	
Specialty Drugs		20% with min/max \$10/\$30 copay		Ded; then 0%	
Out-of-Network Deductible/Coinsurance		\$200/\$600 Ded; 30%		\$7,000/\$14,000 Ded; 20%	
Out-of-Network Out-of-Pocket		\$3,000/\$6,000		\$10,500/\$21,000	
* Embedded Deductible: One family member stops at single deductible, then 100% coverage for the remainder of the year					
** Non-Embedded Deductible: the family contract requires that the full deductible be met before any family members reach coinsurance level.					
See the Summary of Benefits and Coverage (SBC) for additional details as well as the BCBS Plan document for full plan information.					
Premium Summary - Renewal Rates Effective January 1, 2027					
CURRENT		Initial			Smart Plan 3: \$3,500-0% HSA (shown as total replacement)
Contract Type	Lives	Current	Renewal	BEST & FINAL OFFER*	
Single	39	\$1,241.00	\$1,288.00	\$1,221.00	\$856.00
Family	11	\$4,177.00	\$4,320.00	\$4,087.00	\$2,805.00
Monthly Premium	50	\$94,346	\$97,752	\$92,576	\$64,239
Annual Premium		\$1,132,152	\$1,173,024	\$1,110,912	\$770,868
Increase/Decrease to Current Plan			3.6%	-1.9%	-31.9%
Kavira Cost (48 EE x \$27 PEP, 2 EE x \$10)			\$15,792	\$15,792	\$15,792
TOTAL w/Kavira			\$1,188,816	\$1,126,704	\$786,660
TOTAL Change to Current plan with Kavira*			5.00%	-0.48%	-30.52%
Annual Premium Difference from Current w/Kavira			\$40,872	(\$5,448)	(\$345,492)

*The quoted rates include a discount equal to the estimated annual cost for Kavira, and the proposal assumes the implementation of Kavira on 1/1/27. Should the group elect not to implement Kavira, BHC/Sourcewell reserves the right to adjust proposal.

BHC/Sourcewell Renewal includes 2028 rate cap of 17% if Baxter renews with current plan or 16% if Baxter renews with all Smart Plans