

City of Dillingham

Medical Plan Analysis



January 1, 2023 Renewal

Prepared by: Diana Stewart

		Current 2022	2023 Renewal	2023 NO BID
		Premera Blue Cross Blue Shield of Alaska Preferred Choice Heritage Select \$3,000/20%/\$6,000	Premera Blue Cross Blue Shield of Alaska Preferred Choice Heritage Select \$3,000/20%/\$6,000	Premera Blue Cross Blue Shield of Alaska Preferred Choice Heritage Select \$3,000/20%/\$6,000
Benefits		In-Network	In-Network	In-Network
Deductible - In / Out of Network				
Individual		\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Family		\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance - In/ Out of Network		20%/60%	20%/60%	20%/60%
Out-of-Pocket Maximum (Includes Deductible) In / Out of Network				
Individual		\$6,000 / \$45,000	\$6,000 / \$45,000	\$6,000 / \$45,000
Family		\$12,000 / \$90,000	\$12,000 / \$90,000	\$12,000 / \$90,000
Benefits		In-Network	In-Network	In-Network
Professional Services				
PCP & Specialist Office Visit		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Laboratory & X-Ray (non-complex)		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Therapy		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services				
Emergency Care - Copay waived if admitted		Coinsurance	Coinsurance	Coinsurance
Alternative Care				
Spinal Manipulations & Acupuncture		Deductible & Coinsurance - 12 visits each PCY	Deductible & Coinsurance - 12 visits each PCY	Deductible & Coinsurance - 12 visits each PCY
Prescription Drugs		Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials
Deductible		N/A	N/A	N/A
Preferred Generic		\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand		\$25 Copay	\$25 Copay	\$25 Copay
Preferred Specialty		\$45 Copay	\$45 Copay	\$45 Copay
Non-Preferred All Drugs		30% Coinsurance	30% Coinsurance	30% Coinsurance
Mail-Order		90 Days Supply, 2.5x Retail Copay	90 Days Supply, 2.5x Retail Copay	90 Days Supply, 2.5x Retail Copay
Medical Rates	Counts	2022 Current	2023 Renewal	2023 No Bid
Employee Only	22	\$1,010.33	\$1,106.31	\$1,060.84
Employee + Spouse	6	\$2,081.31	\$2,279.03	\$2,185.38
Employee + Child(ren)	3	\$1,869.14	\$2,046.70	\$1,962.59
Family	7	\$2,940.09	\$3,219.40	\$3,087.10
Monthly Premium		\$60,903.17	\$66,688.90	\$63,948.26
Annual Premium		\$730,838.04	\$800,266.80	\$767,379.16
Percentage Change From Current			9.50%	5.00%
Annual Dollar Change From Current			\$69,428.76	\$36,541.12

*This comparison shows only general provisions of each plan's in-network benefits. Contract certificates should be consulted for exact plan language.

City of Dillingham

Dental Plan Analysis



January 1, 2023 Renewal

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January 1, 2023 Renewal		Current	2023 Renewal	2023 NO BID Renewal
		Premera Dental Optima BER \$50/20%/20%/50%/\$1,500	Premera Dental Optima BER \$50/20%/20%/50%/\$1,500	Premera Dental Optima BER \$50/20%/20%/50%/\$1,500
Dental		In-Network	In-Network	In-Network
Network Type		Any Provider	Any Provider	Any Provider
Dental Benefits				
Deductible		\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Preventative		0%	0%	0%
Basic		20%	20%	20%
Major		50%	50%	50%
Annual Maximum		\$1,500	\$1,500	\$1,500
Orthodontia		Not Covered	Not Covered	Not Covered
Dental Rates	Counts			
Employee Only	22	\$46.16	\$46.16	\$46.16
Employee + Spouse	6	\$99.24	\$99.24	\$99.24
Employee + Child(ren)	3	\$101.55	\$101.55	\$101.55
Family	7	\$152.32	\$152.32	\$152.32
Monthly Premium		\$2,981.85	\$2,981.85	\$2,981.85
Annual Premium		\$35,782.20	\$35,782.20	\$35,782.20
Percentage Change From Current			0.00%	0.00%
Annual Dollar Change From Current			\$0.00	\$0.00

*This comparison shows only general provisions of each plan's in-network benefits. Contract certificates should be consulted for exact plan language.

**All rates listed above are estimates. Actual rates could increase or decrease pending actual enrollment.

City of Dillingham



Life & AD&D Anlysis
January 1, 2023 Renewal
 Prepared by: Diana Stewart

		Current UNUM Life & AD&D	2023 Renewal UNUM Life & AD&D
Life Insurance			
Deductible		\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
AD&D Insurance		50%	50%
Annual Maximum		\$1,500	\$1,500
Dental Rates			
	Volume		
Life Premium / \$1,000	\$3,671,909	\$0.28	\$0.30
AD&D Premium / \$1,000	\$3,671,909	\$0.05	\$0.05
Monthly Premium		\$1,211.73	\$1,285.17
Annual Premium		\$14,540.76	\$15,422.02
Percentage Change From Current			6.06%
Annual Dollar Change From Current			\$881.26

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