

City of Dillingham

Medical Plan Analysis



January 1, 2024 Renewal

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	Current 2023	2024 Renewal	Option 1	Option 2	Option 3	Option 4	
	Premera Blue Cross Blue Shield of Alaska	Premera Blue Cross Blue Shield of Alaska	Premera Blue Cross Blue Shield of Alaska	Option 2	Option 3	Option 4	
	Preferred Choice Heritage Select \$3,000/20%/ \$6,000	Preferred Choice Plus \$3,000/20%/ \$6,000 \$30/ \$65	Preferred Choice Plus - HSA \$3,200/20%/ \$6,000 Ess Rx	MODA Endeavor Select PPO \$3,000/20%/ \$6,000 \$30/ \$60	AETNA POLI SUB HDHP Plan Option IV \$2,000/20%/ \$3,000	AETNA POLI SUB HDHP Plan Option IV \$1,600/20%/ \$7,000	
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
Deductible - In / Out of Network							
Individual	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$2,000	\$1,600 / \$1,600	
Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$4,000	\$3,200 / \$3,200	
Coinsurance - In/ Out of Network	20%/60%	20%/60%	20%/60%	20%/50%	20%/60%	20%/60%	
Out-of-Pocket Maximum (Includes Deductible) In / Out of Network							
Individual	\$6,000 / \$45,000	\$6,000 / \$45,000	\$5,000 / \$45,000	\$6,000 / \$45,000	\$3,000 / \$4,000	\$7,000 / \$8,000	
Family	\$12,000 / \$90,000	\$12,000 / \$90,000	\$10,000 / \$90,000	\$12,000 / \$90,000	\$6,000 / \$8,000	\$14,000 / \$16,000	
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
Professional Services							
PCP & Specialist Office Visit	Deductible & Coinsurance	\$30 Copay PCP / \$65 Specialists	Deductible & Coinsurance	\$5 Copay (3) PCP then \$30 / \$30 Specialists	Deductible & Coinsurance	Deductible & Coinsurance	
Laboratory & X-Ray (non-complex)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	
Therapy	Deductible & Coinsurance	PCY	Deductible & Coinsurance	\$30 Copay -30 visits each PCY	Deductible & Coinsurance	Deductible & Coinsurance	
Hospital & Emergency Services							
Emergency Care - Copay waived if admitted	\$100 Copay, then Deductible & Coinsurance	\$100 Copay, then Deductible & Coinsurance	\$100 Copay, then Deductible & Coinsurance	Deductible / \$100 Copay / 20% Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	
Ambulance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	
Hospital Inpatient (Includes Mental Health)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$500 Copay + Coinsurance	Deductible + \$500 Copay + Coinsurance	
Hostpital Outpatient (Includes Mental Health)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	
Alternative Care							
Spinal Manipulations & Acupuncture	Deductible & Coinsurance - 12 visits each PCY	\$30 Copay - 12 visits each PCY	Deductible & Coinsurance - 12 visits each PCY	\$30 Copay - 24visits each PCY	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	
Prescription Drugs	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	Preferred Choice E4 Essentials	
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	
Preferred Generic	\$10 Copay	\$10 Copay	Deductible & Coinsurance	\$0 /\$10 Copay	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	
Preferred Brand	\$25 Copay	\$25 Copay	Deductible & Coinsurance	\$30 Copay			
Preferred Specialty	\$45 Copay	\$45 Copay	Deductible & Coinsurance	\$10 / \$150 Copay			
Non-Preferred All Drugs	30% Coinsurance	30% Coinsurance	30% Coinsurance	\$50 Copay / 30%			
Mail-Order	90 Days Supply, 2.5x Retail Copay	90 Days Supply, 2.5x Retail Copay	90 Days Supply, 2.5x Retail Copay		90 Days Supply, 2.5x Retail Copay	90 Days Supply, 2.5x Retail Copay	
Medical Rates	Counts	2023 Current	2023 Renewal	Option 1	Option 2	Option 3	Option 4
Employee Only	28	\$1,060.84	\$1,455.18	\$1,258.04	\$1,213.92	\$1,075.57	\$1,020.52
Employee + Spouse	2	\$2,185.38	\$2,997.73	\$2,893.49	\$2,792.00	\$2,522.21	\$2,392.70
Employee + Child(ren)	4	\$1,962.59	\$2,692.13	\$2,390.27	\$2,306.44	\$2,059.02	\$1,953.64
Family	5	\$3,087.10	\$4,234.63	\$4,025.73	\$3,884.70	\$3,505.45	\$3,325.63
Monthly Premium		\$57,360.14	\$78,682.17	\$70,701.83	\$68,223.02	\$63,423.71	\$60,302.67
Annual Premium		\$688,321.68	\$944,186.04	\$848,421.96	\$818,676.24	\$761,084.52	\$723,632.04
Percentage Change From Current			37.17%	23.26%	18.94%	10.57%	5.13%
Annual Dollar Change From Current			\$255,864.36	\$160,100.28	\$130,354.56	\$72,762.84	\$35,310.36

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

Includes Broker Fee of \$2500/Mo to replace Commissions

City of Dillingham

Dental Plan Analysis



January 1, 2024 Renewal

	Current	2024 Renewal	Alternative 1	Alternative 2	Alternative 2	
	Premera Dental Optima BER \$50/0%/20%/50%/1,500	Premera Dental Optima BER \$50/0%/20%/50%/1,500	MODA Dental - PPO \$50/0%/20%/50%/1,500	AETNA Poli Sub \$50/0%/20%/50%/2,000	UNUM \$50/0%/20%/50%/1,500	
Dental	In-Network	In-Network	In-Network	In-Network	In-Network	
Network Type	Any Provider	Any Provider	Any Provider	Any Provider	Any Provider	
Dental Benefits			Preventive does not apply to annual Maximum			
Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual	\$50 Individual / \$150 Family	
Preventative	0%	0%	0%	0%	0%	
Basic	20%	20%	20%	20%	20%	
Major	50%	50%	50%	50%	50%	
Annual Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$1,500	
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Carryover Benefit					\$350/Yr to \$1,250	
Dental Rates	Counts					
Employee Only	28	\$46.16	\$47.91	\$51.14	\$56.86	\$62.40
Employee + Spouse	2	\$99.24	\$103.00	\$101.25	\$107.11	\$124.04
Employee + Child(ren)	4	\$101.55	\$105.40	\$105.34	\$109.72	\$159.95
Family	5	\$152.32	\$158.09	\$160.58	\$159.72	\$239.71
Monthly Premium		\$2,658.76	\$2,759.53	\$2,858.68	\$3,043.78	\$3,833.63
Annual Premium		\$31,905.12	\$33,114.36	\$34,304.16	\$36,525.36	\$46,003.56
Percentage Change From Current			3.79%	7.52%	14.48%	44.19%
Annual Dollar Change From Current			\$1,209.24	\$2,399.04	\$4,620.24	\$14,098.44

*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.