2024 & 2025 PA 152 VS Renewal Changes (Using Estimated Enrollment Per Plan)

Company: Village of Lake Orion Effective Date 09-01-2024

		2024 PA 152	Renewal 2024-2025		*NEW* Renewal 2024-2025			*NEW* Renewal 2024-2025			
Plan		Public Act 152	Simply Blue Gold Op	Blue Elect Plus POS Gold Option 2 w/EA			Blue Elect Plus POS HSA Gold Option 2 w/EA				
Summary			In Network Out of Network		<u>In Network</u>		Out of Network	In Network		Out of Network	
	Deductible:		\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000		\$2,000 / \$4,000	\$2,500/\$5,000		\$5,000/\$10,000	
	Coinsurance:		20%	40%	20%		40%	0%		20%	
	Deductible Type:	Plan Design Information Not	Embedded Deductible		Embedded Deductible		Deductible	Aggregate Deductible		Deductible	
	Ded. & Coins. Max:		\$7,350 / \$14,700 ¹	\$14,700 / \$29,400 ¹	00 ¹ \$6,000 / \$12,0		\$12,000 / \$24,000	\$2,500/\$5,000		\$9,000/\$18,000 ¹	
	Out of Pocket Max:		\$7,350 / \$14,700 ¹ \$14,700 / \$29,400 ¹		\$9,100 / \$18,200 ¹		\$18,200 / \$36,400 ¹	\$5,000/\$10,000 ¹		\$9,000/\$18,000 ¹	
	OV / Spec. / UC:		\$30 / \$50 / \$60	40% after Ded.	\$30 / \$50 / \$50		40% after Ded. / \$50 UC	0% after Ded.		20% after Ded. / 0% after Ded UC	
	Rx		\$20/60/100/20%/25%	\$20/60/100/20%/ 25% plus 25%	\$10/\$30/\$60/\$80/20%/20%		Not Covered	\$15/40/80/100/20%/20% after Ded.		Not Covered	
	Emergency Room:		\$150		\$250			0% after Ded.			
	Preventative Care:		Covered	Not Covered	Covered		Not Covered	Covered		Not Covered	
Carrier			BCBSM PPO		Blue Care Network POS			Blue Care Network POS HSA			
Total Employee	Contracts		Enrolled	Composite Rating ³	Enrolled	C	Composite Rating ³		Co	omposite Rating³	
Single	<u>2</u>	\$641.90	<u>1</u>	\$629.05	<u>0</u>		\$384.76		\$795.42		
Two Person	<u>4</u>	\$1,342.42	<u>2</u>	\$1,509.72	<u>2</u>		\$923.42		\$1,909.01		
Family	<u>2</u>	\$1,750.65	<u>2</u>	\$1,887.15	<u>0</u>		\$1,154.28			\$2,386.26	
Total Monthly Premium: 1		\$10,154.80	\$10,065.04								
% Increase/Savings		N/A	-0.88%								

		2025 PA 152	Renewal 2024-2025		*NEW* Renewal 2024-2025			*NEW* Renewal 2024-2025			
Plan		Public Act 152	Simply Blue Gold Option 4 w/EA (Embedded)			Blue Elect Plus POS Gold Option 2 w/EA			Blue Elect Plus POS HSA Gold Option 2 w/EA		
Summary			In Network Out of Network		In Network		Out of Network	In Netv	<u>vork</u>	Out of Network	
	Deductible:		\$2,000 / \$4,000		\$4,000 / \$8,000	\$1,000 / \$2,000		\$2,000 / \$4,000	\$2,500/\$5,000		\$5,000/\$10,000
	Coinsurance:		20%		40%	20%		40%	0%		20%
	Deductible Type		Embedded Deductible			Embedded Deductible			Aggregate Deductible		
	Ded. & Coins. Max:		\$7,350 / \$14,700 ¹		\$14,700 / \$29,400 ¹	\$6,000 / \$12,000		\$12,000 / \$24,000	\$2,500/\$5,000		\$9,000/\$18,000 ¹
	Out of Pocket Max:	Plan Design Information Not Applicable	\$7,350 / \$14,700 ¹		\$14,700 / \$29,400 ¹	\$9,100 / \$	\$9,100 / \$18,200 ¹ \$18,200 / \$36,400		\$5,000/\$1	0,000 1	\$9,000/\$18,000 ¹
	OV / Spec. / UC:		\$30 / \$50 / \$60		40% after Ded.	\$30 / \$50 / \$50		40% after Ded. / \$50 UC	0% after Ded.		20% after Ded. / 0% after Ded UC
	Rx		\$20/60/100/20%/25%		\$20/60/100/20%/ 25% plus 25%	\$10/\$30/\$60/\$80/20%/20%		Not Covered	\$15/40/80/100/20%/20% after Ded.		Not Covered
	Emergency Room:		\$150			\$250			0% after Ded.		
	Preventative Care:		Covered		Not Covered	Covered		Not Covered	Cove	red Not Covered	
Carrier			BCBSM PPO		Blue Care Network POS			Blue Care Network POS HSA			
Total Employee (Contracts		Enrolled	Composite Rating ³		Enrolled	Composite Rating ³		Enrolled Composite Rating ³		mposite Rating³
Single	<u>2</u>	\$643.19	1		\$629.05	<u>0</u>	\$384.76		1	\$795.42	
Two Person	4	\$1,345.11	2		\$1,509.72	2	\$923.42		<u>0</u>	\$1,909.01	
Family	2	\$1,754.15	<u>2</u>		\$1,887.15	<u>0</u>	\$1,154.28		<u>0</u>	\$2,386.26	
Total Monthly Pr	emium:1	\$10,175.11	\$10,065.04								
% Increase/Savings		N/A	-1.08%								

Note: The rates shown are illustrative for quoting purposes and may adjust up or down after implementation.

Note: 1 Total monthly premium includes PPACA federal taxes & fees, as well as, State taxes & assessments

Note: Applies to deductibles, copays, and coinsurance amounts for all covered services

Note:3 Composite rates are estimations based off of the member level rates. The monthly bill will reflect the actual member level rates.