

## Jacqueline Martin

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**From:** Kathleen Sullivan (wrml) <Kathleen.Sullivan@wrmlc.com>  
**Sent:** Thursday, July 10, 2025 10:19 AM  
**To:** Jacqueline Martin  
**Cc:** Mary-Ellen Harper; Robbie Chartier; Doris Bernard; Yvonne Blackford  
**Subject:** Levy BOCC Revised 2025 Contribution Analysis  
**Attachments:** Levy County BOCC - 2025 Contribution Analysis.pdf

Hello Jacqueline,

Please find the revised 2025 contribution analysis. Per feedback from the board and HR, we made a few changes to the assumptions:

- 1) Provided illustration's showing 95% and 100% employer paid fixed contribution on the BO 05180/81 H S A plan.
- 2) Assumed fewer employees would elect the H S A (31) and more would select BO 03559 (56)
- 3) All exhibits use 2025/2026 renewal rates.
- 4) For 2025/2026 plan year, if approved by the Levy BOCC would:
  - a. Add Blue Options 05180/81 H S A
  - b. Remove Blue Options 03769 & 05901
  - c. Offer a H S A plan through Health Equity

Let us know if you have any questions or would like us to adjust the above assumptions.

Thank you

## WORLD Risk Management

an **accretive** company

### Kathleen Sullivan

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# LEVY COUNTY COMMISSIONERS

## Contribution Analysis for the Current Plan Year 2024-2025

			85%		
Plan HMO 55	Enrollment		Total	ER	EE
	167	EE	\$1,144.71	\$973.00	\$171.71
Maximum Out of Pocket:	3	ES	\$2,169.08	\$973.00	\$1,196.08
\$1,500 / \$3,000	2	EC	\$2,034.91	\$973.00	\$1,061.91
	17	EF	\$2,266.66	\$973.00	\$1,293.66
<b>Total</b>	<b>189</b>		<b>\$240,277</b>	<b>\$183,898</b>	<b>\$56,379</b>

			85%		
Plan BO 03769	Enrollment		Total	ER	EE
	17	EE	\$1,110.08	\$943.57	\$166.51
Maximum Out of Pocket:	1	ES	\$2,163.92	\$943.57	\$1,220.35
\$1,500 / \$4,500	0	EC	\$2,029.81	\$943.57	\$1,086.24
	0	EF	\$2,261.39	\$943.57	\$1,317.82
<b>Total</b>	<b>18</b>		<b>\$21,035</b>	<b>\$16,984</b>	<b>\$4,051</b>

			85%		
Plan BO 03559	Enrollment		Total	ER	EE
	15	EE	\$1,038.44	\$882.67	\$155.77
Maximum Out of Pocket:	1	ES	\$1,967.39	\$882.67	\$1,084.72
\$3,000 / \$6,000	1	EC	\$1,849.05	\$882.67	\$966.38
	2	EF	\$2,053.25	\$882.67	\$1,170.58
<b>Total</b>	<b>19</b>		<b>\$23,500</b>	<b>\$16,771</b>	<b>\$6,729</b>

			85%		
Plan BO 05901	Enrollment		Total	ER	EE
	2	EE	\$872.43	\$741.57	\$130.86
Maximum Out of Pocket:	1	ES	\$1,652.87	\$741.57	\$911.30
\$6,350 / \$12,800	0	EC	\$1,553.44	\$741.57	\$811.87
	1	EF	\$1,725.04	\$741.57	\$983.47
<b>Total</b>	<b>4</b>		<b>\$5,123</b>	<b>\$2,966</b>	<b>\$2,157</b>

<b>Monthly Premium</b>	<b>230</b>		<b>\$289,934</b>	<b>\$220,619</b>	<b>\$69,315</b>
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<b>Annual Premium</b>			<b>\$3,479,213</b>	<b>\$2,647,427</b>	<b>\$831,786</b>
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**LEVY COUNTY COMMISSIONERS**  
**Contribution Analysis for the Upcoming Plan Year 2025-2026**

85%					
Plan HMO 55	Enrollment		Total	ER	EE
	167	EE	\$1,161.00	\$986.85	\$174.15
Maximum Out of Pocket:	3	ES	\$2,231.00	\$986.85	\$1,244.15
\$1,500 / \$3,000	2	EC	\$2,095.00	\$986.85	\$1,108.15
	17	EF	\$2,330.00	\$986.85	\$1,343.15
<b>Total</b>	<b>189</b>		<b>\$244,380</b>	<b>\$186,515</b>	<b>\$57,865</b>

85%					
Plan BO 03769	Enrollment		Total	ER	EE
	17	EE	\$1,126.00	\$957.10	\$168.90
Maximum Out of Pocket:	1	ES	\$2,195.00	\$957.10	\$1,237.90
\$1,500 / \$4,500	0	EC	\$2,059.00	\$957.10	\$1,101.90
	0	EF	\$2,294.00	\$957.10	\$1,336.90
<b>Total</b>	<b>18</b>		<b>\$21,337</b>	<b>\$17,228</b>	<b>\$4,109</b>

85%					
Plan BO 03559	Enrollment		Total	ER	EE
	15	EE	\$1,054.00	\$895.90	\$158.10
Maximum Out of Pocket:	1	ES	\$1,996.00	\$895.90	\$1,100.10
\$3,000 / \$6,000	1	EC	\$1,876.00	\$895.90	\$980.10
	2	EF	\$2,084.00	\$895.90	\$1,188.10
<b>Total</b>	<b>19</b>		<b>\$23,850</b>	<b>\$17,022</b>	<b>\$6,828</b>

85%					
Plan BO 05901	Enrollment		Total	ER	EE
	2	EE	\$885.00	\$752.25	\$132.75
Maximum Out of Pocket:	1	ES	\$1,677.00	\$752.25	\$924.75
\$6,350 / \$12,800	0	EC	\$1,576.00	\$752.25	\$823.75
	1	EF	\$1,750.00	\$752.25	\$997.75
<b>Total</b>	<b>4</b>		<b>\$5,197</b>	<b>\$3,009</b>	<b>\$2,188</b>

<b>Monthly Premium</b>	<b>230</b>		<b>\$294,764</b>	<b>\$223,774</b>	<b>\$70,990</b>
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<b>Annual Premium</b>			<b>\$3,537,168</b>	<b>\$2,685,283</b>	<b>\$851,885</b>
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## LEVY COUNTY COMMISSIONERS

### Contribution Analysis - Alternative with HSA Plan Option #1

Plan HMO 55	Enrollment		Total	ER	EE
	128	EE	\$1,161.00	\$924.35	\$236.65
Maximum Out of Pocket:	3	ES	\$2,231.00	\$924.35	\$1,306.65
\$1,500 / \$3,000	1	EC	\$2,095.00	\$924.35	\$1,170.65
	11	EF	\$2,330.00	\$924.35	\$1,405.65
<b>Total</b>	<b>143</b>		<b>\$183,026</b>	<b>\$132,182</b>	<b>\$50,844</b>

Plan BO 03559	Enrollment		Total	ER	EE
	45	EE	\$1,054.00	\$924.35	\$129.65
Maximum Out of Pocket:	4	ES	\$1,996.00	\$924.35	\$1,071.65
\$3,000 / \$6,000	3	EC	\$1,876.00	\$924.35	\$951.65
	4	EF	\$2,084.00	\$924.35	\$1,159.65
<b>Total</b>	<b>56</b>		<b>\$69,378</b>	<b>\$51,764</b>	<b>\$17,614</b>

Plan BO HDHP HSA 05180/1	Enrollment		Total	ER	EE
	21	EE	\$973.00	\$924.35	\$48.65
Maximum Out of Pocket:	2	ES	\$1,844.00	\$924.35	\$919.65
\$2,500 / \$5,000	1	EC	\$1,733.00	\$924.35	\$808.65
	7	EF	\$1,924.00	\$924.35	\$999.65
<b>Total</b>	<b>31</b>		<b>\$39,322</b>	<b>\$28,655</b>	<b>\$10,667</b>

<b>Monthly Premium</b>	<b>230</b>		<b>\$291,726</b>	<b>\$212,601</b>	<b>\$79,126</b>
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<b>Annual Premium</b>			<b>\$3,500,712</b>	<b>\$2,551,206</b>	<b>\$949,506</b>
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<b>Alternative Approach</b>		Annualized Total	\$2,551,206
Employer HSA Contribution with migration from HMO 55, (family at \$2,000/year).	\$1,000	Total HSA Spend	\$41,000

Enrollment	Total Program Cost	ER Total	EE Total
230	\$3,541,712	\$2,592,206	\$949,506

Current Plan Employer Cost    \$2,647,427

**Annual Savings to Employer    \$55,221**



## LEVY COUNTY COMMISSIONERS

### Contribution Analysis - Alternative with HSA Plan Option #2

Plan HMO 55	Enrollment		Total	ER	EE
	128	EE	\$1,161.00	\$973.00	\$188.00
Maximum Out of Pocket:	3	ES	\$2,231.00	\$973.00	\$1,258.00
\$1,500 / \$3,000	1	EC	\$2,095.00	\$973.00	\$1,122.00
	11	EF	\$2,330.00	\$973.00	\$1,357.00
<b>Total</b>	<b>143</b>		<b>\$183,026</b>	<b>\$139,139</b>	<b>\$43,887</b>

Plan BO 03559	Enrollment		Total	ER	EE
	45	EE	\$1,054.00	\$973.00	\$81.00
Maximum Out of Pocket:	4	ES	\$1,996.00	\$973.00	\$1,023.00
\$3,000 / \$6,000	3	EC	\$1,876.00	\$973.00	\$903.00
	4	EF	\$2,084.00	\$973.00	\$1,111.00
<b>Total</b>	<b>56</b>		<b>\$69,378</b>	<b>\$54,488</b>	<b>\$14,890</b>

Plan BO HDHP HSA 05180/1	Enrollment		Total	ER	EE
	21	EE	\$973.00	\$973.00	\$0.00
Maximum Out of Pocket:	2	ES	\$1,844.00	\$973.00	\$871.00
\$2,500 / \$5,000	1	EC	\$1,733.00	\$973.00	\$760.00
	7	EF	\$1,924.00	\$973.00	\$951.00
<b>Total</b>	<b>31</b>		<b>\$39,322</b>	<b>\$30,163</b>	<b>\$9,159</b>

<b>Monthly Premium</b>	<b>230</b>		<b>\$291,726</b>	<b>\$223,790</b>	<b>\$67,936</b>
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<b>Annual Premium</b>			<b>\$3,500,712</b>	<b>\$2,685,480</b>	<b>\$815,232</b>
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<b>Alternative Approach</b>			Annualized Total	\$2,685,480
Employer HSA Contribution with migration from HMO 55, (family at \$2,000/year).	\$1,000		Total HSA Spend	\$41,000

Enrollment	Total Program Cost	ER Total	EE Total
230	\$3,541,712	\$2,726,480	\$815,232

Current Plan Employer Cost      \$2,647,427

**\*Annual Savings to Employer      -\$79,053**

\*Adding HSA plan will incur additional annual costs based on these inputs.



## Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name and Title:** Jacqueline Martin, Director
2. **Department:** Human Resources
3. **Meeting Date:** Tuesday, July 8, 2025
4. **Requested Action:**  
Selection of Group Health Insurance Plans to offer employees
5. **Cost & Funding Source:**

**6. Justification of Request:**

PRM Plans with Premiums and Explanation of Benefits for review and consideration.

PRM offers 11 Group Health Plans. The County offers 4 of these plans, 3 PPO's and 1 HMO to employees. The plan's offered by PRM include 3 Health Savings Accounts (HAS's)

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03748
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$0 / \$0
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000
Office Services	
Family Physician / Specialist	\$10/\$20 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$50 Copay
Inpatient Hospital Facility	
Option 1	\$250 Copay
Option 2	\$500 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay
Urgent Care Centers	\$20 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 0%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03748		ACTIVE		COBRA		RETIREES (REDUCED)	
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025		
EE	\$1,258.52	\$1,277.00	\$1,302.00	\$931.60	\$945.00		
Additional for Spouse	\$1,125.83	\$1,142.00	\$1,164.00	\$788.08	\$799.00		
Additional for Child	\$982.45	\$997.00	\$1,016.00				
Additional for Family	\$1,229.91	\$1,248.00	\$1,272.00				



PRM Medical Plan Matrix 2025-2026

Product	BlueCare (HMO) 55
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$0 / \$0
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000
Office Services	
Family Physician / Specialist	\$10/\$10 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$100 Copay
Inpatient Hospital Facility	
Option 1	\$250 Copay
Option 2	NA
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay
Urgent Care Centers	\$10 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$0 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$0 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Other Special Services and Locations	
Durable Medical Equipment	\$0 Copay
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$5 / \$25 / \$25
Mail Order - Generic/Brand/Non-Preferred	\$10 / \$50 / \$50
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan HMO 55					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,144.71	\$1,161.00	\$1,184.00	\$847.32	\$860.00
Additional for Spouse	\$1,054.37	\$1,070.00	\$1,091.00	\$738.04	\$749.00
Additional for Child	\$920.20	\$934.00	\$952.00		
Additional for Family	\$1,151.95	\$1,169.00	\$1,192.00		



PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03769
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$500 / \$1,500
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$4,500
Office Services	
Family Physician / Specialist	\$15/\$15 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%
Urgent Care Centers	\$15 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	20%
Independent Diagnostic Testing Center	\$15 Copay
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$15 Copay
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$5 / \$35 / \$35
Mail Order - Generic/Brand/Non-Preferred	\$10 / \$70 / \$70
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03769					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,110.08	\$1,126.00	\$1,148.00	\$821.67	\$833.00
Additional for Spouse	\$1,053.84	\$1,069.00	\$1,090.00	\$737.67	\$748.00
Additional for Child	\$919.73	\$933.00	\$951.00		
Additional for Family	\$1,151.31	\$1,168.00	\$1,191.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (HSA) 05168/9	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$1,650 / NA	\$3,300 / \$3,300
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,650 / NA	\$3,300 / \$3,300
Office Services		
Family Physician / Specialist	DED+0%/DED+0%	DED+0%/DED+0%
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%
Inpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%
Urgent Care Centers		
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 0%	DED + 0%
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 0%	DED + 0%
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

Medical - PRM Plan BlueOptions 05168/05169

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,079.13	\$1,095.00	\$1,116.00	\$798.80	\$810.00
Additional for Spouse	\$965.32	\$979.00	\$998.00	\$675.69	\$685.00
Additional for Child	\$842.39	\$855.00	\$872.00		
Additional for Family	\$1,054.63	\$1,070.00	\$1,091.00		



PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03559
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$750 / \$2,250
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$3,000 / \$6,000
Office Services	
Family Physician / Specialist	\$20/\$35 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$100 Copay
Inpatient Hospital Facility	
Option 1	\$750 Copay
Option 2	\$1,000 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$100 Copay
Urgent Care Centers	\$35 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$100 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03559					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,038.44	\$1,054.00	\$1,075.00	\$768.64	\$780.00
Additional for Spouse	\$928.95	\$942.00	\$960.00	\$650.22	\$659.00
Additional for Child	\$810.61	\$822.00	\$838.00		
Additional for Family	\$1,014.81	\$1,030.00	\$1,050.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05360
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$3,000 / \$6,000
Office Services	
Family Physician / Specialist	\$25 / \$75 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%
Urgent Care Centers	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	DED + 20%
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 20%
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$35 / \$70
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$70 / \$140
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05360

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$987.93	\$1,002.00	\$1,022.00	\$731.27	\$742.00
Additional for Spouse	\$883.73	\$896.00	\$913.00	\$618.56	\$627.00
Additional for Child	\$771.22	\$782.00	\$797.00		
Additional for Family	\$965.46	\$979.00	\$998.00		



PRM Medical Plan Matrix 2025-2026

Product	BlueOptions HDHP (HSA) 05180/1	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$2,500	\$5,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$2,500	\$5,000
Office Services		
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%
Inpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%
Urgent Care Centers		
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 0%	DED + 0%
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 0%	DED + 0%
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

Medical - PRM Plan BlueOptions 05180/05181

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$959.34	\$973.00	\$992.00	\$710.11	\$720.00
Additional for Spouse	\$858.14	\$871.00	\$888.00	\$600.68	\$609.00
Additional for Child	\$748.88	\$760.00	\$775.00		
Additional for Family	\$937.54	\$951.00	\$970.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05904	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$2,500 /\$5,000	
Coinsurance (BCBSF pays / Member pays)	80% / 20%	
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,000 / \$12,000	
Office Services		
Family Physician / Specialist	\$35 / \$75 Copay	
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 20%	
Inpatient Hospital Facility		
Option 1	DED + 20%	
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 20%	
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%	
Urgent Care Centers	\$75 Copay	
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	\$0 Copay	
Independent Diagnostic Testing Center	\$50 Copay	
Outpatient Hospital Facility		
Option 1	\$250 Copay	
Option 2	DED + 20%	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 20%	
Outpatient Hospital Facility		
Option 1	DED + 20%	
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 20%	
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$50 / \$80 / \$120	
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$100 / \$160	
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	

Medical - PRM Plan BlueOptions 05904

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$901.39	\$914.00	\$932.00	\$667.23	\$677.00
Additional for Spouse	\$806.34	\$818.00	\$834.00	\$564.42	\$572.00
Additional for Child	\$703.64	\$714.00	\$728.00		
Additional for Family	\$880.92	\$894.00	\$911.00		



PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05901
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$2,000 / NA
Coinsurance (BCBSF pays / Member pays)	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,350 / \$12,800
Office Services	
Family Physician / Specialist	\$35 / \$75 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 50%
Inpatient Hospital Facility	
Option 1	\$2,000 Copay
Option 2	\$3,000 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 50%
Urgent Care Centers	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$200 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 50%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$60 / \$100 / \$120
Mail Order - Generic/Brand/Non-Preferred	\$30 / \$180 / \$300
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05901					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$872.43	\$885.00	\$902.00	\$645.78	\$655.00
Additional for Spouse	\$780.44	\$792.00	\$807.00	\$546.27	\$554.00
Additional for Child	\$681.01	\$691.00	\$704.00		
Additional for Family	\$852.61	\$865.00	\$882.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05787
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$7,350 / \$14,700
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$7,350 / \$14,700
Office Services	
Family Physician / Specialist	\$45 / \$90 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 0%
Inpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%
Urgent Care Centers	\$90 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$75 Copay
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 0%
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Other Special Services and Locations	
Durable Medical Equipment	DED + 0%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$60 / \$100 /\$120
Mail Order - Generic/Brand/Non-Preferred	\$30 / \$180 / \$300
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05787

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$815.90	\$828.00	\$844.00	\$603.92	\$612.00
Additional for Spouse	\$729.85	\$740.00	\$754.00	\$510.88	\$518.00
Additional for Child	\$636.87	\$646.00	\$658.00		
Additional for Family	\$797.34	\$809.00	\$825.00		



**PRM Medical Plan Matrix 2025-2026**

Product	BlueOptions HDHP (HSA) 05172/3	
<b>Cost Sharing - Member's Responsibility</b>		
Deductible (Per Person / Family Aggregate)	\$5,000 / NA	\$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	90% / 10%	90% / 10%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,850 / NA	\$6,850 / \$13,700
<b>Office Services</b>		
Family Physician / Specialist	DED+10%/DED+10%	DED+10% DED+10%
<b>Preventive Services</b>		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
<b>Medical / Surgical Care at a Facility</b>		
Ambulatory Surgical Center (ASC)	DED + 10%	DED + 10%
<b>Inpatient Hospital Facility</b>		
Option 1	DED + 10%	DED + 10%
Option 2		
<b>Outpatient Hospital Facility</b>		
Option 1	DED + 10%	DED + 10%
Option 2		
<b>Emergency and Urgent Care</b>		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 10%	DED + 10%
<b>Urgent Care Centers</b>		
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center	DED + 10%	DED + 10%
<b>Outpatient Hospital Facility</b>		
Option 1	DED + 10%	DED + 10%
Option 2		
<b>Advanced Imaging (AIS) (MRI, MRA, PET, CT &amp; Nuclear Medicine)</b>		
Independent Diagnostic Testing Center	DED + 10%	DED + 10%
<b>Outpatient Hospital Facility</b>		
Option 1	DED + 10%	DED + 10%
Option 2		
<b>Other Special Services and Locations</b>		
Durable Medical Equipment	DED + 10%	DED + 10%
Skilled Nursing Facility		
Home Health Care		
Hospice		
<b>Prescription Drugs (Certain Medications subject to Prior Authorization)</b>		
Retail - Generic/Brand/Non-Preferred/Specialty	10% after INN DED	10% after INN DED
Mail Order - Generic/Brand/Non-Preferred	10% after INN DED	10% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	30% / \$3,000
<b>Hearing Aid Benefit</b>		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

**Medical - PRM Plan BlueOptions 05172/05173**

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$772.81	\$784.00	\$799.00	\$572.04	\$580.00
Additional for Spouse	\$691.32	\$701.00	\$715.00	\$483.91	\$491.00
Additional for Child	\$603.25	\$612.00	\$624.00		
Additional for Family	\$755.24	\$766.00	\$781.00		

Levy, County of

Overall  
Increase

1.50%

2025-2026

Medical - PRM Plan BlueOptions 03748

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,258.52	\$1,277.00	\$1,302.00	\$931.60	\$945.00
Additional for Spouse	\$1,125.83	\$1,142.00	\$1,164.00	\$788.08	\$799.00
Additional for Child	\$982.45	\$997.00	\$1,016.00		
Additional for Family	\$1,229.91	\$1,248.00	\$1,272.00		

Medical - PRM Plan HMO 55

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,144.71	\$1,161.00	\$1,184.00	\$847.32	\$860.00
Additional for Spouse	\$1,054.37	\$1,070.00	\$1,091.00	\$738.04	\$749.00
Additional for Child	\$920.20	\$934.00	\$952.00		
Additional for Family	\$1,151.95	\$1,169.00	\$1,192.00		

Medical - PRM Plan BlueOptions 03769

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,110.08	\$1,126.00	\$1,148.00	\$821.67	\$833.00
Additional for Spouse	\$1,053.84	\$1,069.00	\$1,090.00	\$737.67	\$748.00
Additional for Child	\$919.73	\$933.00	\$951.00		
Additional for Family	\$1,151.31	\$1,168.00	\$1,191.00		

Medical - PRM Plan BlueOptions 05168/05169

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,079.13	\$1,095.00	\$1,116.00	\$798.80	\$810.00
Additional for Spouse	\$965.32	\$979.00	\$998.00	\$675.69	\$685.00
Additional for Child	\$842.39	\$855.00	\$872.00		
Additional for Family	\$1,054.63	\$1,070.00	\$1,091.00		

Medical - PRM Plan BlueOptions 03559

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,038.44	\$1,054.00	\$1,075.00	\$768.64	\$780.00
Additional for Spouse	\$928.95	\$942.00	\$960.00	\$650.22	\$659.00
Additional for Child	\$810.61	\$822.00	\$838.00		
Additional for Family	\$1,014.81	\$1,030.00	\$1,050.00		

Medical - PRM Plan BlueOptions 05360

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$987.93	\$1,002.00	\$1,022.00	\$731.27	\$742.00
Additional for Spouse	\$883.73	\$896.00	\$913.00	\$618.56	\$627.00
Additional for Child	\$771.22	\$782.00	\$797.00		
Additional for Family	\$965.46	\$979.00	\$998.00		

Medical - PRM Plan BlueOptions 05180/05181

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$959.34	\$973.00	\$992.00	\$710.11	\$720.00
Additional for Spouse	\$858.14	\$871.00	\$888.00	\$600.68	\$609.00
Additional for Child	\$748.88	\$760.00	\$775.00		
Additional for Family	\$937.54	\$951.00	\$970.00		

Medical - PRM Plan BlueOptions 05904

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$901.39	\$914.00	\$932.00	\$667.23	\$677.00
Additional for Spouse	\$806.34	\$818.00	\$834.00	\$564.42	\$572.00
Additional for Child	\$703.64	\$714.00	\$728.00		
Additional for Family	\$880.92	\$894.00	\$911.00		

Medical - PRM Plan BlueOptions 05901

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$872.43	\$885.00	\$902.00	\$645.78	\$655.00
Additional for Spouse	\$780.44	\$792.00	\$807.00	\$546.27	\$554.00
Additional for Child	\$681.01	\$691.00	\$704.00		
Additional for Family	\$852.61	\$865.00	\$882.00		

Medical - PRM Plan BlueOptions 05787

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$815.90	\$828.00	\$844.00	\$603.92	\$612.00
Additional for Spouse	\$729.85	\$740.00	\$754.00	\$510.88	\$518.00
Additional for Child	\$636.87	\$646.00	\$658.00		
Additional for Family	\$797.34	\$809.00	\$825.00		

Medical - PRM Plan BlueOptions 05172/05173

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$772.81	\$784.00	\$799.00	\$572.04	\$580.00
Additional for Spouse	\$691.32	\$701.00	\$715.00	\$483.91	\$491.00
Additional for Child	\$603.25	\$612.00	\$624.00		
Additional for Family	\$755.24	\$766.00	\$781.00		



**PRM Medical Plan Matrix 2025-2026**

HSA

HSA

Product	BlueOptions HDHP (HSA) 05180/1		BlueOptions (PPO) 05904	BlueOptions (PPO) 05901	BlueOptions (PPO) 05787	BlueOptions HDHP (HSA) 05172/3	
<b>Cost Sharing - Member's Responsibility</b>							
Deductible (Per Person / Family Aggregate)	\$2,500	\$5,000	\$2,500 / \$5,000	\$2,000 / NA	\$7,350 / \$14,700	\$5,000 / NA	\$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	50% / 50%	100% / 0%	90% / 10%	90% / 10%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$2,500	\$5,000	\$6,000 / \$12,000	\$6,350 / \$12,800	\$7,350 / \$14,700	\$6,850 / NA	\$6,850 / \$13,700
<b>Office Services</b>							
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%	\$35 / \$75 Copay	\$35 / \$75 Copay	\$45 / \$90 Copay	DED+10%/DED+10%	DED+10% DED+10%
<b>Preventive Services</b>							
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility							
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Inpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$3,000 Copay			
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
<b>Emergency and Urgent Care</b>							
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Urgent Care Centers			\$75 Copay	\$75 Copay	\$90 Copay		
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>							
Independent Clinical Laboratory	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay	\$0 Copay	DED + 0%	DED + 0%
Independent Diagnostic Testing Center			\$50 Copay	\$50 Copay	\$75 Copay	DED + 10%	DED + 10%
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	\$250 Copay	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2			DED + 20%	\$400 Copay			
<b>Advanced Imaging (AIS) (MRI, MRA, PET, CT &amp; Nuclear Medicine)</b>							
Independent Diagnostic Testing Center	DED + 0%	DED + 0%	DED + 20%	\$200 Copay	DED + 0%	DED + 10%	DED + 10%
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
<b>Other Special Services and Locations</b>							
Durable Medical Equipment							
Skilled Nursing Facility	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Home Health Care							
Hospice							
Prescription Drugs (Certain Medications subject to Prior Authorization)							
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED	\$10 / \$50 / \$80 / \$120	\$10 / \$60 / \$100 / \$120	\$10 / \$60 / \$100 / \$120	10% after INN DED	10% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED	\$20 / \$100 / \$160	\$30 / \$180 / \$300	\$30 / \$180 / \$300	10% after INN DED	10% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit							
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included	Included



# PRM Medical Plan Matrix 2025-2026

HSA

Product	BlueOptions (PPO) 03748	BlueCare (HMO) 55	BlueOptions (PPO) 03769	BlueOptions (HSA) 05168/9	BlueOptions (PPO) 03559	BlueOptions (PPO) 05360
Cost Sharing - Member's Responsibility						
Deductible (Per Person / Family Aggregate)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,650 / NA	\$3,300 / \$3,300	\$3,000 / \$6,000
Office Services						
Family Physician / Specialist	\$10/\$20 Copay	\$10/\$10 Copay	\$15/\$15 Copay	DED+0%/DED+0%	DED+0%/DED+0%	\$20/\$35 Copay
Preventive Services						
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility						
Ambulatory Surgical Center (ASC)	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay
Inpatient Hospital Facility						
Option 1	\$250 Copay	\$250 Copay	DED + 20%	DED + 0%	DED + 0%	\$750 Copay
Option 2	\$500 Copay	NA	NA	DED + 0%	DED + 0%	\$1,000 Copay
Outpatient Hospital Facility						
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay
Option 2	\$200 Copay	NA	NA	DED + 0%	DED + 0%	\$250 Copay
Emergency and Urgent Care						
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay
Urgent Care Centers	\$20 Copay	\$10 Copay	\$15 Copay			\$35 Copay
Diagnostic Testing (e.g., Lab, x-ray)						
Independent Clinical Laboratory	\$0 Copay	\$0 Copay	20%	DED + 0%	DED + 0%	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay			\$50 Copay
Outpatient Hospital Facility						
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay
Option 2	\$200 Copay	NA	NA	DED + 0%	DED + 0%	\$250 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)						
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$100 Copay
Outpatient Hospital Facility						
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay
Option 2	\$200 Copay	NA	NA	DED + 0%	DED + 0%	\$250 Copay
Other Special Services and Locations						
Durable Medical Equipment						
Skilled Nursing Facility						
Home Health Care						
Hospice						
Prescription Drugs (Certain Medications subject to Prior Authorization)						
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60	\$5 / \$25 / \$25	\$5 / \$35 / \$35	100% after INN DED	100% after INN DED	\$10 / \$25 / \$60
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120	\$10 / \$50 / \$50	\$10 / \$70 / \$70	100% after INN DED	100% after INN DED	\$20 / \$50 / \$120
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	30% / \$3,000	30% / \$3,000	DED / \$3,000	DED / \$3,000	30% / \$3,000
Hearing Aid Benefit						
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included



Board Pays 85% of Employee only	2025-2026		Board Pays 85% of Employee only			Staff paid in 2024-25	amount increase per pay check	June #	Board Pays	Board contributes each pay period	
		PPO BlueOptions 3559	Total Premiums	Board Pays	Employee Pays	per check					
	\$895.90	Employee	1054.00	895.90	\$158.10	\$72.97	\$71.89	\$1.08	11	\$9,854.90	\$413.49
paid 2023-24		Employee and Spouse	1996.00	895.90	\$1,100.10	\$507.74	\$500.64	\$7.10	0	\$0.00	\$413.49
	\$882.67	Employee and Children	1876.00	895.90	\$980.10	\$452.35	\$446.02	\$6.33	1	\$895.90	\$413.49
	\$13.23	Employee and Family	2084.00	895.90	\$1,188.10	\$548.35	\$540.27	\$8.09	1	\$895.90	\$413.49
		HMO BlueCare 55	Total Premiums	Board Pays	Employee Pays	per check	per check				
	\$986.85	Employee	1161.00	986.85	\$174.15	\$80.38	\$79.25	\$1.13	130	\$128,290.50	\$455.47
paid 2023-24		Employee and Spouse	2231.00	986.85	\$1,244.15	\$574.22	\$565.88	\$8.34	2	\$1,973.70	\$455.47
	\$973.00	Employee and Children	2095.00	986.85	\$1,108.15	\$511.45	\$503.96	\$7.50	0	\$0.00	\$455.47
	\$13.85	Employee and Family	2330.00	986.85	\$1,343.15	\$619.92	\$610.92	\$9.00	13	\$12,829.05	\$455.47
		PPO BlueChoice 03769 (formerly 727)	Total Premiums	Board Pays	Employee Pays	per check	per check				
	\$957.10	Employee	1126.00	957.10	\$168.90	\$77.95	\$76.85	\$1.10	14	\$13,399.40	\$441.74
paid 2023-24		Employee and Spouse	2195.00	957.10	\$1,237.90	\$571.34	\$563.24	\$8.10	1	\$957.10	\$441.74
	\$943.57	Employee and Children	2059.00	957.10	\$1,101.90	\$508.57	\$501.34	\$7.23	0	\$0.00	\$441.74
	\$13.53	Employee and Family	2294.00	957.10	\$1,336.90	\$617.03	\$608.22	\$8.81	0	\$0.00	\$441.74
		PPO BlueOptions 05901	Total Premiums	Board Pays	Employee Pays	per check	per check				
	\$752.25	Employee	885.00	752.25	\$132.75	\$61.27	\$60.40	\$0.87	2	\$1,504.50	\$347.19
paid 2023-24		Employee and Spouse	1677.00	752.25	\$924.75	\$426.81	\$420.60	\$6.21	1	\$752.25	\$347.19
	\$741.57	Employee and Children	1576.00	752.25	\$823.75	\$380.19	\$374.71	\$5.48	0	\$0.00	\$347.19
	\$10.68	Employee and Family	1750.00	752.25	\$997.75	\$460.50	\$453.91	\$6.59	1	\$752.25	\$347.19
					staff who waive coverage				36		
		\$2,065,265.40			annual cost to Board (pays employee only fees)				213	172105.45	\$172,573.12

increase over last year	6/16/2025	board voted to		
		<b>PPO BlueOptions 3559</b>	<b>2025-2026</b>	<b>2024-2025</b>
15.56	1054.00	Employee	1054.00	1038.44
15.56	942.00	add spouse	1996.00	1980.44
15.56	822.00	add child	1876.00	1860.44
15.56	1030.00	add family	2084.00	2068.44
		<b>Buy up to HMO 55</b>		
16.29	1161.00	Employee	1161.00	1144.71
16.29	1070.00	add spouse	2231.00	2214.71
16.29	934.00	add child	2095.00	2078.71
16.29	1169.00	add family	2330.00	2313.71
		<b>03769 (formerly 727) PPO</b>		
15.92	1126.00	Employee	1126.00	1110.08
15.92	1069.00	add spouse	2195.00	2179.08
15.92	933.00	add child	2059.00	2043.08
15.92	1168.00	add family	2294.00	2278.08
		<b>PPO BlueOptions 05901</b>		
12.57	885.00	Employee	885	872.43
12.57	792.00	add spouse	1677.00	1664.43
12.57	691.00	add child	1576.00	1563.43
12.57	865.00	add family	1750.00	1737.43

2025-2026					Board Pays 85% of Employee only	Staff paid in 2024-25	increase per pay check	June #	Board Pays per month	contributes each pay period	100% of Employee coverage
PPO BlueOptions 3559	Total Premiums	Board Pays	Employee Pays	per check							13
Employee	1054.00	895.90	\$158.10	\$72.97	\$71.89	\$1.08	11	\$9,854.90	\$413.49	\$13,702.00	
Employee and Spouse	1996.00	895.90	\$1,100.10	\$507.74	\$500.64	\$7.10	0	\$0.00	\$413.49		
Employee and Children	1876.00	895.90	\$980.10	\$452.35	\$446.02	\$6.33	1	\$895.90	\$413.49		
Employee and Family	2084.00	895.90	\$1,188.10	\$548.35	\$540.27	\$8.09	1	\$895.90	\$413.49		
HMO BlueCare 55	Total Premiums	Board Pays	Employee Pays	per check	per check						145
Employee	1161.00	986.85	\$174.15	\$80.38	\$79.25	\$1.13	130	\$128,290.50	\$455.47	\$168,345.00	
Employee and Spouse	2231.00	986.85	\$1,244.15	\$574.22	\$565.88	\$8.34	2	\$1,973.70	\$455.47		
Employee and Children	2095.00	986.85	\$1,108.15	\$511.45	\$503.96	\$7.50	0	\$0.00	\$455.47		
Employee and Family	2330.00	986.85	\$1,343.15	\$619.92	\$610.92	\$9.00	13	\$12,829.05	\$455.47		
PPO BlueChoice 03769 (formerly 727)	Total Premiums	Board Pays	Employee Pays	per check	per check						15
Employee	1126.00	957.10	\$168.90	\$77.95	\$76.85	\$1.10	14	\$13,399.40	\$441.74	\$16,890.00	
Employee and Spouse	2195.00	957.10	\$1,237.90	\$571.34	\$563.24	\$8.10	1	\$957.10	\$441.74		
Employee and Children	2059.00	957.10	\$1,101.90	\$508.57	\$501.34	\$7.23	0	\$0.00	\$441.74		
Employee and Family	2294.00	957.10	\$1,336.90	\$617.03	\$608.22	\$8.81	0	\$0.00	\$441.74		
PPO BlueOptions 05901	Total Premiums	Board Pays	Employee Pays	per check	per check						4
Employee	885.00	752.25	\$132.75	\$61.27	\$60.40	\$0.87	2	\$1,504.50	\$347.19	\$3,540.00	
Employee and Spouse	1677.00	752.25	\$924.75	\$426.81	\$420.60	\$6.21	1	\$752.25	\$347.19		
Employee and Children	1576.00	752.25	\$823.75	\$380.19	\$374.71	\$5.48	0	\$0.00	\$347.19		
Employee and Family	1750.00	752.25	\$997.75	\$460.50	\$453.91	\$6.59	1	\$752.25	\$347.19		
			staff who waive coverage				36				
\$2,065,265.40			annual cost to Board (pays employee only fees)				213	\$172,105.45	\$172,573.12	\$202,477.00	
								\$2,065,265.40		\$2,429,724.00	

364,459.00  
increase

finance estimate.  
450,000. increase  
if Board assumes  
all employee cost.