Jacqueline Martin

From: Kathleen Sullivan (wrm) < Kathleen.Sullivan@wrmllc.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



an **accretive** company

20 North Orange Ave, Suite 500 • Orlando, FL 32801

Office: (407) 936-2132 • Direct: (813) 230-8698

Fax: (813) 725-2532

Kathleen Sullivan

Creating Unique Risk Solutions www.wrmllc.com

A member of the Ballator Insurance Group



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Contribution Anaylsis 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
Total	189		\$240,277	\$183,898	\$56,379

				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
Total	18		\$21,035	\$16,984	\$4,051

				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
Total	19		\$23,500	\$16,771	\$6,729

				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
Total	4		\$5,123	\$2,966	\$2,157

Monthly Premium	230	\$289,934	\$220,619	\$69,315
Annual Premium		\$3,479,213	\$2,647,427	\$831,786

Contribution Anaylsis for the Upcoming Plan Year 2025-2026

				85%	
Plan HMO 55	Enroliment		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
Total	189		\$244,380	\$186,515	\$57,865
				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

Plan BO 03769	Enrollment		Total	ER	EE
	17	EE	\$1,126.00	\$957.10	\$168.90
Maximum Out of Pocket:	1	E\$	\$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
Total	18	_	\$21,337	\$17,228	\$4,109

				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
Total	19		\$23,850	\$17,022	\$6,828

				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
Total	4		\$5,197	\$3,009	\$2,188

Monthly Premium	230	\$294,764	\$223,774	\$70,990
Annual Premium		\$3,537,168	\$2,685,283	\$851,885

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
Total	143		\$183,026	\$132,182	\$50,844
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
Total	56		\$69,378	\$51,764	\$17,614
				95%	
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
Total	31		\$39,322	\$28,655	\$10,667
Monthly Premium	230		\$291,726	\$212,601	\$79,126
Annual Premium			\$3,500,712	\$2,551,206	\$949,506
Alternative Approach			Annualized Total	\$2,551,206	
Employer HSA Contribution with migration from HMO 55, (family	\$1,000		Total HSA Spend	\$41,000	
at \$2,000/year).					
	Enrollment		Total Program Cost	ER Total	EE Total
	230		\$3,541,712	\$2,592,206	\$949,506

Annual Savings to Employer

Current Plan Employer Cost

\$55,221

\$2,647,427

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
Total	143		\$183,026	\$139,139	\$43,887
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
Total	56		\$69,378	\$54,488	\$14,890
				100%	
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
Total	31		\$39,322	\$30,163	\$9,159
Monthly Premium	230		\$291,726	\$223,790	\$67,936
Annual Premium			\$3,500,712	\$2,685,480	\$815,232
Alternative Approach			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)

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	
Skilled Nursing Facility	DED + 0%
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	SHEET LIFE
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03748	ACTIVE	COBRA	RETIREES (REDUCED)
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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		

2025 PRM Medical Plan Matrix 10.1.2025

Product	BlueCare (HMO) 55
Cost Sharing - Member's Responsibility	The same (interpretation of the same of th
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	0400.0
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	
Skilled Nursing Facility	\$0 Copay
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			

2025 PRM Medical Plan Matrix 10.1.2025

BlueCare HMO 55

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)	de de la como
Independent Diagnostic Testing Center	\$15 Copay
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Other Special Services and Locations	对自己的对应是
Durable Medical Equipment	
Skilled Nursing Facility	DED + 20%
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	THE RESERVE THE
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical -	PRM	Plan	BlueO	ptions	03769
					Coverage

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		

2025 PRM Medical Plan Matrix 10.1.2025 BlueOptions PPO 03769

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	\$1,650 / NA	\$3,300 / \$3,300		
(Per Person/Family Aggregate)	01,0007101	\$0,000 / \$0,000		
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	252 - 204	DED . 00/		
performed or with admit) Urgent Care Centers	DED + 0%	DED + 0%		
Diagnostic Testing (e.g., Lab, x-ray)		STATE OF STATE OF		
Independent Clinical Laboratory				
Independent Diagnostic Testing Center	DED + 0%	DED + 0%		
Outpatient Hospital Facility				
Option 1				
Option 2	DED + 0%	DED + 0%		
Advanced Imaging (AIS) (MRI, MRA, PET, CT &	375-62 H. AVISAV			
Nuclear Medicine)				
Independent Diagnostic Testing Center	DED + 0%	DED + 0%		
Outpatient Hospital Facility				
Option 1	DED + 0%	DED + 0%		
Option 2	DED - 070	DED - 070		
Other Special Services and Locations				
Durable Medical Equipment				
Skilled Nursing Facility	DED + 0%	DED + 0%		
Home Health Care	DED + 078	DED + 076		
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		

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	(作品) 是一次是1等		
Emergency Room Facility (per visit) (Surgery	\$100 Copay		
performed or with admit) 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	And the second second		
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			
Skilled Nursing Facility	DED + 20%		
Home Health Care	DED + 20 /0		
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 Ald Benefit			
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included		

Medical - PRM Plan BlueOntions 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		

2025 PRM Medical Plan Matrix 10.1.2025

BlueOptions PPO 03559

BlueOptions (PPO) 05360
\$1,500 / \$4,500
80% / 20%
\$3,000 / \$6,000
\$25 / \$75 Copay
\$0 Copay
DED + 20%
DED + 20%
DED + 20%
DED + 20%
\$75 Copay
\$0 Copay
DED + 20%
DED - 200/
DED + 20%
DED + 20%
DED + 20%
DED + 2070
DED + 200/
DED + 20%
\$10 / \$35 / \$70
\$20 / \$70 / \$140
30% / \$3,000
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		

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%		
npatient Hospital Facility				
Option 1	DED + 0%	DED + 0%		
Option 2	100	525.070		
Outpatient Hospital Facility				
Option 1	DED + 0%	DED + 0%		
Option 2		2.22 270		
Emergency and Urgent Care				
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%		
Jrgent Care Centers				
Diagnostic Testing (e.g., Lab, x-ray)	是全洲的			
ndependent Clinical Laboratory	DED + 0%	DED + 0%		
ndependent Diagnostic Testing Center				
Outpatient Hospital Facility				
Option 1	DED + 0%	DED + 0%		
Option 2				
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
ndependent 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				
Skilled Nursing Facility	DED + 0%	DED + 0%		
Home Health Care				
Hospice		Sharahad same as		
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 Ald Benefit		ALC: NO.		
\$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		

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	在 是是是是
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	DED + 20%
Outpatient Hospital Facility	
9 Option 1	DED + 200/
Option 2	DED + 20%
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	DED - 2076
Other Special Services and Locations	
Durable Medical Equipment	
Skilled Nursing Facility	DED + 20%
Home Health Care	DLD + 20 /6
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		

2025 PRM Medical Plan Matrix 10.1.2025

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	
Skilled Nursing Facility	DED + 50%
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		

2025 PRM Medical Plan Matrix 10.1.2025

BlueOptions PPO 05901

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	DED + 076
Outpatient Hospital Facility	
Option 1	DED + 00/
Option 2	DED + 0%
Emergency and Urgent Care	art White Labor
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	DED + 0%
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 0%
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	020 - 070
Other Special Services and Locations	
Durable Medical Equipment	
Skilled Nursing Facility	DED + 0%
Home Health Care	DLD 1 0 /6
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		

Product	BlueOptions HDHP (HSA) 05172/3			
Cost Sharing - Member's Responsibility				
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		
Office Services				
Family Physician / Specialist	DED+10%/DED+10%	DED+10% DED+10%		
Preventive Services				
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay		
Medical / Surgical Care at a Facility				
Ambulatory Surgical Center (ASC)	DED + 10%	DED + 10%		
Inpatient Hospital Facility				
Option 1	DED : 400/	DED : 400/		
Option 2	DED + 10%	DED + 10%		
Outpatient Hospital Facility				
Option 1	DED + 10%	DED + 10%		
Option 2	DED + 10%	DED + 10%		
Emergency and Urgent Care				
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 10%	DED + 10%		
Urgent Care Centers				
Diagnostic Testing (e.g., Lab, x-ray)				
Independent Clinical Laboratory	DED + 0%	DED + 0%		
Independent Diagnostic Testing Center	DED + 10%	DED + 10%		
Outpatient Hospital Facility				
Option 1	DED + 10%	DED + 10%		
Option 2	DLD - 1070	000 10%		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
Independent Diagnostic Testing Center	DED + 10%	DED + 10%		
Outpatient Hospital Facility				
, Option 1	DED + 10%	DED + 10%		
- Option 2				
Other Special Services and Locations				
Durable Medical Equipment				
Skilled Nursing Facility	DED + 10%	DED + 10%		
Home Health Care				
Hospice				
Prescription Drugs (Certain Medications subject to Prior Authorization)				
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	30% / \$3,000	30% / \$3,000		
Plan Paid Maximum	30 /0 / \$3,000	30 /0 / \$3,000		
Hearing Aid Benefit				
\$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		

2025 PRM Medical Plan Matrix 10.1.2025

BlueOptions HDHP HSA 05172-3

Levy, County of

Overall Increase

1.50%

2025-2026

Medical - PRM Plan BlueOptions 03748		ACTIVE	COBRA		ES (REDUCED)
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$1,258.52	\$1,277.00	\$1,302.00	\$931.60	\$945.00
dditional for Spouse	\$1,125.83	\$1,142.00	\$1,164.00	\$788.08	\$799.00
Iditional for Child	\$982.45	\$997.00	\$1,016.00		
dditional for Family	\$1,229.91	\$1,248.00	\$1,272.00		
edical - PRM Plan HMO 55					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$1,144.71	\$1,161.00	\$1,184.00	\$847.32	\$860.00
dditional for Spouse	\$1,054.37	\$1,070.00	\$1,091.00	\$738.04	\$749.00
dditional for Child	\$920.20	\$934.00	\$952.00	\$7,50.04	\$745.00
dditional for Family	\$1,151.95	\$1,169.00	\$1,192.00		
ledical - PRM Plan BlueOptions 03769					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$1,110.08	\$1,126.00	\$1,148.00	\$821.67	\$833.00
dditional for Spouse	\$1,053.84	\$1,069.00	\$1,090.00	\$737.67	\$748.00
dditional for Child	\$919.73	\$933.00	\$951.00		
dditional for Family	\$1,151.31	\$1,168.00	\$1,191.00		
ledical - PRM Plan BlueOptions 05168/05169					
redical - FRIM Fian blue-Options 03100/03103					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$1,079.13	\$1,095.00	\$1,116.00	\$798.80	\$810.00
dditional for Spouse	\$965.32	\$979.00	\$998.00	\$675.69	\$685.00
ditional for Child	\$842.39	\$855.00	\$872.00		
ditional for Family	\$1,054.63	\$1,070.00	\$1,091.00		
edical - PRM Plan BlueOptions 03559					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$1,038.44	\$1,054.00	\$1,075.00	\$768.64	\$780,00
dditional for Spouse	\$928.95	\$942.00	\$960.00	\$650.22	\$659.00
dditional for Child	\$810.61	\$822.00	\$838.00		
ditional for Family	\$1,014.81	\$1,030.00	\$1,050.00		
ledical - PRM Plan BlueOptions 05360					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$987.93	\$1,002.00	\$1,022.00	\$731.27	\$742.00
dditional for Spouse	\$883.73	\$896.00	\$913.00	\$618.56	\$627.00
dditional for Child	\$771.22	\$782.00	\$797.00		
dditional for Family	\$965.46	\$979.00	\$998.00		
		- 100 11			
Medical - PRM Plan BlueOptions 05180/05181					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$959.34	\$973.00	\$992.00	\$710.11	\$720.00
dditional for Spouse	\$858.14	\$871.00	\$888.00	\$600.68	\$609.00
dditional for Child	\$748.88	\$760.00	\$775.00		
dditional for Family	\$937.54	\$951.00	\$970.00		
Andical DDM Disc Blue Ontions 05004					
ledical - PRM Plan BlueOptions 05904					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	\$901.39	\$914.00	\$932.00	\$667.23 -	\$677.00
dditional for Spouse	\$806.34	\$818.00	\$834.00	\$564.42	\$572.00
dditional for Child	\$703.64	\$714.00	\$728.00		
			\$911.00	X 1971 J	
dditional for Family	\$880.92	\$894.00	7511.00		
	\$880.92	\$894.00	7311.00		
	\$880.92	\$894.00			
	\$880.92	\$894.00 Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/202
	Current 5872.43	Proposed 10/1/2025 \$885.00	Proposed 10/1/2025 \$902.00	\$645.78	\$655.00
ledical - PRM Plan BlueOptions 05901 Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025		
ledical - PRM Plan BlueOptions 05901 Coverage idditional for Spouse	Current 5872.43	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00	Proposed 10/1/2025 \$902.00	\$645.78	\$655.00
edical - PRM Plan BlueOptions 05901 Coverage iditional for Spouse iditional for Child	Current \$872.43 \$780.44	Proposed 10/1/2025 \$885.00 \$792.00	Proposed 10/1/2025 \$902.00 \$807.00	\$645.78	
Coverage ditional for Spouse ditional for Family	Current \$872.43 \$780.44 \$681.01	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00	\$645.78	\$655.00
Coverage diditional for Spouse diditional for Child diditional for Family ledical - PRM Plan BlueOptions 05787	Current 5872.43 5780.44 5681.01 5852.61	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00	Proposed 10/1/2025 \$502.00 \$807.00 \$704.00 \$882.00	\$645.78	\$655.00 \$554.00
Coverage ditional for Spouse ditional for Family	Current 5872.43 5780.44 5681.01 5852.61	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025	\$645.78 \$546.27 Current	\$655.00 \$554.00 Proposed 10/1/202
Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage	Current \$872.43 \$780.44 \$5681.01 \$852.61 Current \$815.90	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00	\$645.78 \$546.27 Current \$603.92	\$655.00 \$554.00 Proposed 10/1/202 \$612.00
Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage	Current 5872.43 5780.44 5681.01 5852.61	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025	\$645.78 \$546.27 Current	\$655.00 \$554.00 Proposed 10/1/202
Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787	Current \$872.43 \$780.44 \$5681.01 \$852.61 Current \$815.90	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00	\$645.78 \$546.27 Current \$603.92	\$655.00 \$554.00 Proposed 10/1/202 \$612.00
Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage dditional for Spouse Coverage	Current \$872.43 \$780.44 \$5681.01 \$852.61 Current \$815.90 \$729.85	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$740.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00	\$645.78 \$546.27 Current \$603.92	\$655.00 \$554.00 Proposed 10/1/202 \$612.00
Coverage ditional for Spouse ditional for Family ledical - PRM Plan BlueOptions 05787 Coverage ditional for Child ditional for Spouse ditional for Family	Current	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$740.00 \$646.00	Proposed 10/1/2025 \$5902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00 \$658.00	\$645.78 \$546.27 Current \$603.92	\$655.00 \$554.00 Proposed 10/1/202 \$612.00
Coverage Iditional for Spouse Iditional for Child Iditional for Family Iditional for Spouse Iditional for Family Iditional for Family Iditional for Spouse Iditional for Spouse Iditional for Spouse Iditional for Child Iditional for Family	Current	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$7/40.00 \$646.00 \$809.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00 \$658.00 \$825.00	\$645.78 \$546.27 Current \$603.92 \$510.88	\$655.00 \$554.00 Proposed 10/1/202 \$612.00 \$518.00
Coverage Coverage dditional for Spouse dditional for Child dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05172/05173 Coverage	Current \$872.43 \$780.44 \$581.01 \$852.61 Current \$815.90 \$729.85 \$636.87 \$797.34	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$740.00 \$646.00 \$809.00	Proposed 10/1/2025 \$5902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00 \$658.00 \$825.00 Proposed 10/1/2025	\$645.78 \$546.27 Current \$603.92 \$510.88	\$655.00 \$554.00 Proposed 10/1/202 \$612.00 \$518.00 Proposed 10/1/202
Coverage ditional for Spouse ditional for Family ledical - PRM Plan BlueOptions 05787 Coverage ditional for Family ledical - PRM Plan BlueOptions 05787 Coverage ditional for Family Coverage Coverage Coverage	Current \$872.43 \$780.44 \$681.01 \$852.61 Current \$815.90 \$729.85 \$636.87 \$797.34 Current \$772.81	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$740.00 \$546.00 \$809.00 Proposed 10/1/2025 \$784.00	Proposed 10/1/2025 \$902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00 \$658.00 \$8825.00 Proposed 10/1/2025 \$799.00	\$645.78 \$546.27 Current \$603.92 \$510.88	\$655.00 \$554.00 Proposed 10/1/202 \$612.00 \$518.00 Proposed 10/1/202 \$580.00
Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05787 Coverage dditional for Spouse dditional for Spouse dditional for Family Ledical - PRM Plan BlueOptions 05787 Coverage dditional for Spouse dditional for Family ledical - PRM Plan BlueOptions 05172/05173	Current \$872.43 \$780.44 \$581.01 \$852.61 Current \$815.90 \$729.85 \$636.87 \$797.34	Proposed 10/1/2025 \$885.00 \$792.00 \$691.00 \$865.00 Proposed 10/1/2025 \$828.00 \$740.00 \$646.00 \$809.00	Proposed 10/1/2025 \$5902.00 \$807.00 \$704.00 \$882.00 Proposed 10/1/2025 \$844.00 \$754.00 \$658.00 \$825.00 Proposed 10/1/2025	\$645.78 \$546.27 Current \$603.92 \$510.88	\$655.00 \$554.00 Proposed 10/1/202 \$612.00 \$518.00 Proposed 10/1/202

Product	BlueOptions HDF	IP (HSA) 05180/1	BlueOptions (PPO) 05904	BlueOptions (PPO) 05901	BlueOptions (PPO) 05787	BlueOptions HDHP (HSA) 05172/3		
Cost Sharing - Member's Responsibility								
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		65 000	66 000 / 642 000					
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	
Office Services								
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+109	
Preventive Services						PACES NEW YORK AND ADDRESS.		
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%	
npatient Hospital Facility								
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10%	DED + 10%	
Option 2				\$3,000 Copay			020 1010	
Outpatient Hospital Facility				CASAL SECRETARISM STREET, 18				
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%	
Option 2				\$400 Copay				
Emergency and Urgent Care								
Emergency Room Facility (per visit) (Surgery			DED + 20%	DED + 50%	DED + 0%			
performed or with admit)	DED + 0%	DED + 0%	475.0		200.0	DED + 10%	DED + 10%	
Urgent Care Centers			\$75 Copay	\$75 Copay	\$90 Copay			
Diagnostic Testing (e.g., Lab, x-ray)						DED - AN		
Independent Clinical Laboratory	DED + 0%	DED + 0%	\$0 Copay \$50 Copay	\$0 Copay \$50 Copay	\$0 Copay \$75 Copay	DED + 0% DED + 10%	DED + 0%	
Independent Diagnostic Testing Center Outpatient Hospital Facility			\$50 Сорау	\$50 Сорау	375 Copay	DED + 10%	DED + 10%	
Option 1			\$250 Copay	\$300 Copay		NAMES AND ADDRESS OF THE PARTY		
Option 2	DED + 0%	DED + 0%	DED + 20%	\$400 Copay	DED + 0%	DED + 10%	DED + 10%	
Advanced Imaging (AIS) (MRI, MRA, PET, CT &		日本語文 (4) 20 日 2 16		Charles Copay	STATE OF THE PARTY			
Nuclear Medicine)								
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	DLD : 070	DLD . 070	DEB 1 20%	\$400 Copay	DED 1 0%	DED 1 1076	DED + 10%	
Other Special Services and Locations								
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)					The second second			
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.	Included	Included	Included	Included	Included	Included	Included	

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							TANK MARKETA AND A
Deductible (Per Person / Family Aggregate)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%	80% / 20%
Out of Pocket Maximum	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,650 / NA	\$3,300 / \$3,300	\$3,000 / \$6,000	\$3,000 / \$6,000
(Per Person/Family Aggregate)	1,550 / \$5,550	\$1,5007 \$5,000	01,5007 04,500	\$1,00071474	\$5,500 / \$5,500	55,000 / 50,000	\$3,000 / \$0,000
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	\$25 / \$75 Copay
Preventive Services							Page 11 and 16
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		2400.0	DED : 000	DED AN	PROPERTY.		
Ambulatory Surgical Center (ASC)	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Inpatient Hospital Facility Option 1	\$250 Copay	\$250 Copay	DED + 20%			\$750 Copay	
Option 2		NA NA	NA NA	DED + 0%	DED + 0%	\$1,000 Copay	DED + 20%
Outpatient Hospital Facility	\$300 Сорау	I NA	NA .			\$1,000 Copay	
Option 1	\$100 Copay	\$100 Copay	DED + 20%			\$150 Copay	
Option 2		NA NA	NA NA	DED + 0%	DED + 0%	\$250 Copay	DED + 20%
Emergency and Urgent Care	эгоо Сорау	TO SHAPE OF THE SH	INA	AVERSON AND THE SAME	MAN PARAMETER SAVETAN	3250 Copay	AND STREET WITH THE PARTY OF TH
Emergency Room Facility (per visit) (Surgery performed							
or with admit)	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Urgent Care Centers	\$20 Copay	\$10 Copay	\$15 Copay			\$35 Copay	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)						STATE OF THE PARTY.	District Control of the Control of t
Independent Clinical Laboratory	\$0 Copay	\$0 Copay	20%	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$50 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA NA		020 011	\$250 Copay	525 - 2070
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	DED + 20%
Outpatient Hospital Facility	\$50 Copay	30 Copay	\$15 Copay	DED + 076	DED + 0%	\$100 Copay	DED + 20%
Option 1	\$100 Copay	\$100 Copay	DED + 20%			\$150 Copay	
Option 2		NA NA	NA	DED + 0%	DED + 0%	\$250 Copay	DED + 20%
Other Special Services and Locations			A STATE OF				
Durable Medical Equipment							
Skilled Nursing Facility	DED + 0%	\$0 Copay	DED + 20%	DED + 0%	DED + 0%	DED + 20%	DED + 20%
Home Health Care	DED 1 0%	эо сорау	BEB + 20%	DED + 0/8	DED + 078	DED + 20%	DED + 20%
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	\$10/\$35/\$70
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	\$20 / \$70 / \$140
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	30% / \$3,000
	March Color Parketing	Servings of the University			THE RESERVE SHIP PROBLEM	PRODUCTION OF THE PARTY OF THE	
Hearing Aid Benefit		Harry Constitution of the				经对外 人名英格兰人姓氏克里特	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included	Included

Employee only	2025-2026		Board Pays 85% of Employee only			Staff paid in 2024-25	하면 보면 없다는 하다.	June #	Board Pays	contributes each pay period
Alteria es Anni a Cibrilla	PPO BlueOptions 3559	Total Premiums	Board Pays	Employee Pays	per check	C. Karl McG. 4 (MAR) Providence in Children 19				
\$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
oaid 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 covera	ine		-	36	11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -	

increase over last year	04404005	board voted to		
	6/16/2025	board voted to		
		PPO BlueOptions 3559	2025-2026	2024-2025
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
 				
		Buy up to HMO 55		
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
		03769 (formerly 727) PPO		
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
, , , , , , , , , , , , , , , , , , , ,		.:		
		PPO BlueOptions 05901	·	
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						1:
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	Hart St.
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					14
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					1
Employee	1126.00	957.10	\$168.90	\$77.95	\$76.85	\$1.10	14	\$13,399.40	\$441.74	\$16,890.0
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					
Employee	885.00	752.25	\$132.75	\$61.27	\$60.40	\$0.87	2	\$1,504.50	\$347.19	\$3,540.0
Employee and Spouse	1677.00	752.25	\$924.75	\$426.81	\$420.60	\$6.21	1	\$752.25	\$347.19	建筑
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 covera	ge			36			
\$2,065,265.4	0	annual cost	to Board (pays employ	ee only fees)			213	\$172,105.45	\$172,573.12	\$202,477.0
								\$2,065,265.40		\$2,429,724.0

364,459.00 · increase

finance estimate. 150,000. increase if Board assumes all employee cost.

INSURANCE WORKSHEET 2025 2026