



Current Group Information

Deductible Type

NE - 05/07/25

Village of Poplar Grove

Major Medical Plan Comparison

July 1st, 2025 Renewal



Group Quoted As:		Current BCBS				Renewal BCBS			
		Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)		Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)	
Under 50 ACA									
Plan Details		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits									
OV - Primary/Spec		\$30/ \$60	Ded + 50%	\$10/ \$45	Not Covered	\$35/ \$70	Ded + 50%	\$15/ \$45	Not Covered
Urgent Care		\$60	Ded + 50%	\$45	Not Covered	\$70	Ded + 50%	\$45	Not Covered
Virtual Visits/Telahealth		\$30	Ded + 50%	NA	Not Covered	\$35	Ded + 50%	NA	Not Covered
Deductible									
Individual		\$250	\$500	\$0	Not Covered	\$350	\$700	\$0	Not Covered
Family		\$750	\$1,500	\$0	Not Covered	\$1,050	\$2,100	\$0	Not Covered
Coinsurance		80%	50%	100%	Not Covered	80%	50%	100%	Not Covered
OOP Max (Including Ded)									
Individual Med OPX		\$1,500	Unlimited	\$1,500	Not Covered	\$1,750	Unlimited	\$1,750	Not Covered
Family Med OPX		\$4,500	Unlimited	\$4,500	Not Covered	\$5,250	Unlimited	\$5,250	Not Covered
In-Patient/Out-Patient Svcs									
Inpatient Hospital Admission		\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered	\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered
Outpatient Hospital Services		\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered	\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered
X-Rays, Lab Work		Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered
CT/PET Scans, MRI		Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered
Emergency Room		\$400 + Ded + 20%		\$300/ Visit		\$400 + Ded + 20%		\$300/ Visit	
Prescription Drugs									
Separate Rx Ded		NA	NA	NA	NA	NA	NA	NA	NA
Rx Tiers (Specialty)		\$0/\$10/\$35/\$75 (\$150/ \$250)	See SPD	\$0/\$10/\$50/\$100 (\$150/ \$250)	See SPD	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	50/\$15/\$60/\$110 (\$250/ \$350)	See SPD
Network Name		Blue PPO		Blue Precision HMO		Blue PPO		Blue Precision HMO	
Hospitals or Web Address		Javon Bea, Swedes, OSF, Beloit Memorial		Swedes		Mercy, Swedes, OSF, Beloit Memorial		Swedes	
Rate Tiers									
Counts									
EE		3	\$974.10	0	\$640.38	3	\$1,081.98	0	\$735.15
EESP		1	\$1,948.20	0	\$1,280.76	1	\$2,163.96	0	\$1,470.30
EECH		0	\$1,802.09	0	\$1,184.70	0	\$2,001.66	0	\$1,360.03
FAM		4	\$2,776.19	0	\$1,825.08	4	\$3,083.64	0	\$2,095.18
Estimated Monthly Premium		\$15,975.26		\$0.00		\$17,744.46		\$0.00	
Est. Combined Mo. Premium		\$15,975.26				\$17,744.46			
Estimated Annual Premium		\$191,703.12				\$212,933.52			
% Change From Current		N/A				11%			
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate or SBC for more details.		Carrier Notes:		Carrier Notes:		Carrier Notes:		Carrier Notes: Referrals required for everything except visits to your PCP.	



Broker Disclosures

You are a valued client, and we take pride in providing you with exceptional service. As an independent insurance broker, we offer you superior service and competitive pricing by searching for and identifying the coverage from the insurer that best meets your needs.

Marketing Disclaimer: The rates illustrated on this spread may not match your new bill from the carrier due to the timing of age changes, new hires, birth, death and terminations, etc. Your renewal is being produced by the carrier at least 3-4 months prior to renewal. At the same time, we are requesting the census update from you, and census changes happen. This is a snapshot of the information we have at the time of our analysis.

Commission: Our firm does not charge a fee for placing your policy. We are paid a commission by the insurer that is part of, not added to, your premiums. The amount of commission earned is according to the standard commission schedule established by each insurer we work with.

Client Consulting Fees: Our firm does not charge you any fees for placement of your policy or for any additional professional services. We are compensated entirely by the insurer in the manner generally described above.

Scope of Services: Our firm works with a number of competing insurers, and we will attempt to obtain quotes from the insurers that we believe to be suitable based on the preferences and needs that you have communicated to us. However, we cannot obtain quotes from all insurers with products suiting your needs. We will attempt to answer any questions you may have regarding the quotes, insurers or policies that we obtain, but be aware that you make the final decision on which insurance product and coverage amount you need and will purchase.

Additional Information: For more information, specific details or answers to any questions about our services, fees or compensation, please contact us at 815.965.6700 or www.broadmooragency.com.

Thank you for choosing us to assist you with your insurance needs. We value your trust and appreciate your business. Please let us know if there is anything we can do to serve you better.