

City of Sandpoint

Carrier Comparison - Fully Insured

Carrier	Current Regence Blue Shield of Idaho			Revised Renewal Options Regence Blue Shield of Idaho			Blue Cross of Idaho Options		
	Fully Insured - Share Plan			Fully Insured - SharePlan Removed			Fully Insured		
Plans	Classic 1500	\$500 Buy-Up	HSA	Option 1 / \$2,000	Option 2 / \$1,000 Buy-Up	Option 3 / HSA \$4000	Option 1 / \$2,000	Option 2 / \$1,000 Buy-Up	Option 3 / HSA \$4000
Deductible	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
In-network	\$1,500 / \$3,000	\$500 / \$1,000	\$3,300 / \$6,600	\$2,000 / \$4,000	\$1,000 / \$2,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$4,000 / \$8,000
Out-of-network	Combined			Combined			Combined		
Out of Pocket Maximum	Includes coinsurance, deductible and office/Rx copays.		Includes Deductible and Coinsurance	Includes coinsurance, deductible and office/Rx copays.		Includes Deductible and Coinsurance	Includes coinsurance, deductible and office / Rx Copays		Includes Deductible and Coinsurance
In-network	\$7,150 / \$14,300	\$5,000 / \$10,000	\$5,000 / \$10,000	\$8,000 / \$16,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Out-of-network	Combined			Combined			Combined		
Coinsurance	After deductible is met, member pays:			After deductible is met, member pays:			After deductible is met, member pays:		
In-network	30%	30%	20%	30%	30%	30%	30%	30%	30%
Out-of-network	50%	50%	50%	50%	50%	50%	50%	50%	50%
Pediatric Office Visits (under age 18)	\$30	\$30	Deductible and Coinsurance	\$30	\$30	Deductible and Coinsurance	\$0	\$0	Deductible and Coinsurance
Primary Care Visit	\$30	\$30		\$30	\$30		Choice Docs: \$10 Non-Choice Docs: \$30		
In-network	\$30	\$30		\$30	\$30		Choice Docs: \$30 Non-Choice Docs: \$50		
Specialist Visit	\$30	\$30		\$30	\$30				
Diagnostic Lab & X-Ray	Deductible and Coinsurance			Deductible and Coinsurance			Deductible and Coinsurance		
Outpatient Rehab (PT, OT, ST)	Deductible and Coinsurance			Deductible and Coinsurance			\$60		
Chiropractic Services	\$30	\$30	Deductible and Coinsurance	\$30	\$30	Deductible and Coinsurance	\$30		
Prescription Drugs	Cost per 34 day Supply			Cost per 34 day Supply			Cost per 30 day Supply		
Tier 1	\$10	\$5	20%	\$10	\$5	30%	\$10	\$10	Deductible and Coinsurance
Tier 2	\$40	\$35	20%	\$40	\$35	30%	\$20	\$20	
Tier 3	\$75	\$60	20%	\$75	\$60	30%	\$30	\$30	
Tier 4	\$100	N/A	N/A	\$100	\$100	30%	\$50	\$50	
Tier 5	N/A	N/A	N/A	20%	20%	30%	20%	20%	
Tier 6	N/A	N/A	N/A	35%	35%	30%	30%	30%	
Rx Out of Pocket Maximum	Combined with Medical			Combined with Medical			Combined with Medical		
Premiums									
Rate Classification	Classic 1500	\$500 Buy-Up	HSA	Option 1 / \$2,000	Option 2 / \$1,000 Buy-Up	Option 3 / HSA \$4000	Option 1 / \$2,000	Option 2 / \$1,000 Buy-Up	Option 3 / HSA \$4000
Employee	\$659.40	\$722.90	\$582.10	\$751.70	\$805.00	\$623.90	\$694.34	\$752.40	\$586.19
Employee + Spouse	\$1,409.50	\$1,545.00	\$1,244.70	\$1,606.50	\$1,720.40	\$1,333.40	\$1,463.37	\$1,588.34	\$1,230.58
Employee + Child	\$974.00	\$1,067.80	\$860.10	\$1,110.30	\$1,189.10	\$921.60	\$954.92	\$1,035.66	\$804.53
Employee + Children	\$1,158.40	\$1,269.80	\$1,022.90	\$1,320.40	\$1,414.00	\$1,095.90	\$1,342.61	\$1,457.08	\$1,129.39
Employee + Spouse + One Child	\$1,724.10	\$1,889.90	\$1,522.70	\$1,965.10	\$2,104.50	\$1,631.10	\$2,073.50	\$2,251.57	\$1,741.84
Employee + Spouse + Two or more Children	\$1,908.10	\$2,091.90	\$1,685.50	\$2,175.20	\$2,329.40	\$1,805.40	\$2,073.50	\$2,251.57	\$1,741.84