CITY OF STEPHENVILLE - MAY 1, 2022
MEDICAL PLAN ANALYSIS - BLUE CROSS BLUE SHIELD

	CURRENT PLANS		FINAL BAFO w / ANCILLARY DICOUSNTS	
	BCBS 3000 HSA	**BCBS 3000 PPO**	**BCBS 3000 HSA**	**BCBS 3000 PPO**
Coinsurance	80% / 50%	80% / 50%	80% / 50%	80% / 50%
Deductible Ind/Fam	$3000/$6000	$3000/$6000	$3000/$6000	$3000/$6000
Office Copay	20% AD	$0/$100	20% AD	$0/$100
RX Copay	$10/$35/$60 AD	$250 Ded $5/$50/$100/$250	$10/$35/$60 AD	$250 Ded $5/$50/$100/$250
RX Deductible		$250		$250
Urgent Care/ER	80% AD	$50/$250+20%	80% AD	$50/$250+20%
Coinsurance/ OOP Max	$6350/$12,700	$6500/$13,000	$6350/$12,700	$6500/$13,000
Total Employee Count:	**139**		**139**	
Employee Only	96	20	96	20
Employee Spouse	2	2	2	2
Employee Child(ren)	9	3	9	3
Employee Family	6	1	6	1
	113	26	113	26
Billed Rates:				
Employee Only	$420.28	$456.55	$425.85	$462.60
Employee Spouse	$1,034.49	$1,123.77	$1,048.20	$1,138.66
Employee Child(ren)	$741.18	$805.13	$751.00	$815.80
Employee Family	$1,355.12	$1,472.08	$1,373.08	$1,491.59
Total Percent Change			**1.33%**	**1.33%**
Total Monthly Premium	$57,217.20	$15,266.01	$57,975.48	$15,468.31
Total Annual Premium	$686,606.40	$183,192.12	$695,705.76	$185,619.72
Combined Annual Premium	**$869,798.52**		**$881,325.48**	
$ Change in Premium			**$11,526.96**	
% Change in Premium			**1.33%**	
City Annual Premium Cost	**$701,027.04**		**$710,317.80**	
Change in City Cost			**$9,290.76**	
City HSA Contribution $1500	$169,500.00			
Total Medical Cost to City	**$870,527.04**		**$710,317.80**	
Employer Monthly Cost by Coverage Tier				
Employee Only	$420.28	$420.28	$425.85	$425.85
Employee Spouse	$420.28	$420.28	$425.85	$425.85
Employee Child(ren)	$420.28	$420.28	$425.85	$425.85
Employee Family	$420.28	$420.28	$425.85	$425.85
Employee Cost Per Month				
Employee Only	$0.00	$36.27	$0.00	$36.75
Employee Spouse	$614.21	$703.49	$622.35	$712.81
Employee Child(ren)	$320.90	$384.85	$325.15	$389.95
Employee Family	$934.84	$1,051.80	$947.23	$1,065.74