

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	\$1,376.08	\$1,491.59
Total Percent Change			1.36%	1.33%
Total Monthly Premium	\$57,217.20	\$15,266.01	\$57,993.48	\$15,468.31
Total Annual Premium	\$686,606.40	\$183,192.12	\$695,921.76	\$185,619.72
Combined Annual Premium	\$869,798.52		\$881,541.48	
\$ Change in Premium			\$11,742.96	
% Change in Premium			1.35%	
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	\$950.23	\$1,065.74