

Buchanan Community Schools - July 2022 DISTRICT RENEWAL
Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	BCBS	BCBS	BCN	BCN
Type of Plan	PPO	PPO - HSA	Blue Elect Plus - HMO HSA	Blue Elect Plus - HMO HSA
Network	BCBS	BCBS	BCN	BCN
In Network	NEW Plan 1	RENEWAL Plan 2	NEW Plan 3	NEW Plan 4
Deductible (Single/Family)	\$1,000/\$2,000	\$1,400/\$2,800	\$1,400/\$2,800	\$3,000/\$6,000 emb
Coinsurance	0%	0%	0%	100%
Coinsurance Max	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$7,350/\$14,700	\$2,250/\$4,500	\$4,000/\$8,000	\$6,350/\$12,700 emb
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Primary Care Visits	\$30 Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
Specialist Copay	\$50 Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
PT/OT/Chiro Visit Copays	\$30 Copay, Chiro 12/year After deductible, 0% PT/OT 30/year	After deductible, 0% Chiro 12/year PT/OT 30/year	After deductible, 0% Chiro 30/year PT/OT 30/year	After deductible, 0% Chiro 30/year PT/OT 30/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 50%
Urgent Care	\$60 Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
Hospital Emergency Room	After deductible, \$250 Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Prescription Drug Copays	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$30/\$60/\$80/\$20%/20%	After deductible, \$10/\$30/\$60/\$80/20%/20%
Out of Network				
Deductible (Single/Family)	\$2,000/\$4,000	\$2,800/\$5,600	\$2,800/\$5,600	\$6,000/\$12,000
Coinsurance	20%	20%	20%	20%
Coinsurance Max	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$14,700/\$29,400	\$4,500/\$9,000	\$8,000/\$16,000	\$13,800/\$27,600
Primary Care Visits	After deductible, 20%	After deductible, 20%	N/A	N/A
Specialist	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 20%	After deductible, 20%	N/A	N/A
Durable Medical/P&O	After deductible, 20%	After deductible, 20%	N/A	N/A
Urgent Care	After deductible, 20%	After deductible, 20%	After deductible, 0%	After deductible, 0%
Hospital Emergency Room	After deductible, \$250 Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Monthly Premium Rates	NEW Plan 1	RENEWAL Plan 2	NEW Plan 3	NEW Plan 4
Single:	\$ 671.29	\$ 636.05	\$ 494.39	\$ 417.75
Double:	\$ 1,611.10	\$ 1,526.54	\$ 1,186.54	\$ 1,002.61
Family:	\$ 2,013.88	\$ 1,908.18	\$ 1,483.17	\$ 1,253.26

DISTRICT CONTRIBUTION - STATE CAPS	EMPLOYEE MONTHLY	**EMPLOYEE MONTHLY	**EMPLOYEE MONTHLY	**EMPLOYEE MONTHLY
Single	\$608.71	\$ 62.58	\$ 27.34	\$ -
Double	\$1,273.00	\$ 338.10	\$ 253.54	\$ -
Family	\$1,660.12	\$ 353.76	\$ 248.06	\$ -

**** DOES NOT INCLUDE H.S.A. \$\$ PRE-FUNDED BY THE DISTRICT**