



Medical & Prescription Drug Cost Analysis

		<b>Renewal</b> BCN HMO	<b>Option 1</b> BCN HMO	<b>Option 2</b> BCN HMO	<b>Option 3</b> BCN HBL HMO	
1500		Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	
Single	10	\$442.70	\$412.94	\$393.23	\$388.60	
Two Person	7	\$1,062.50	\$991.04	\$943.76	\$932.66	
Family	19	\$1,328.12	\$1,238.80	\$1,179.70	\$1,165.82	
<b>Estimated Monthly Premium</b>		<b>\$37,098.78</b>	<b>\$34,603.88</b>	<b>\$32,952.92</b>	<b>\$32,565.20</b>	
<b>Estimated Annual Premium</b>		<b>\$445,185.36</b>	<b>\$415,246.56</b>	<b>\$395,435.04</b>	<b>\$390,782.40</b>	
<b>Dollar Change</b>		-	<b>(\$29,938.80)</b>	<b>(\$49,750.32)</b>	<b>(\$54,402.96)</b>	
<b>Percent Change</b>		-	<b>-6.73%</b>	<b>-11.18%</b>	<b>-12.22%</b>	
<b>Deductible</b>		<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>Enhanced</b>	<b>Standard</b>
Individual		\$1,500	\$1,000	\$2,000	\$1,000	\$3,000
Family		\$3,000	\$2,000	\$4,000	\$2,000	\$6,000
<b>Coinsurance</b>						
Individual		80%	70%	80%	80%	70%
Family		80%	70%	80%	80%	70%
<b>Coinsurance Annual Maximum</b>						
Individual		\$1,000	\$3,000	\$4,000	\$2,000	\$3,000
Family		\$2,000	\$6,000	\$8,000	\$4,000	\$6,000
<b>True Out of Pocket Annual Maximum (TROOP)</b>						
Individual		\$2,500	\$6,600	\$6,350	\$6,600	\$6,600
Family		\$5,000	\$13,200	\$12,700	\$13,200	\$13,200
<b>Office Visit</b>						
Primary Physician		\$20.00	\$20.00	\$30.00	\$25.00	\$30.00
Specialist		\$40.00	\$40.00	\$50.00	\$35.00	\$40.00
Chiropractic		\$40.00	\$40.00	\$50.00	\$35.00	\$40.00
Urgent Care		\$50.00	\$50.00	\$50.00	\$35.00	\$50.00



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<b>Hospital Services</b>					
In-Patient Admission	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Surgical Services	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Emergency Room	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded
Imaging Services(X-Ray)	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Advanced Imaging Services (Cat Scan/Pet Scan/MRI)	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded	\$150.00 after Ded
Laboratory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ambulance	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
<b>Prescription Drugs</b>					
Generic	\$6.00 / \$40.00	\$6.00 / \$25.00	\$6.00 / \$25.00	\$4.00 / \$15.00	\$6.00 / \$25.00
Preferred Brand	\$60.00	\$50.00	\$50.00	\$40.00	\$50.00
Non-Preferred Brand	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Preferred Specialty	20% \$200.00	20% \$200.00	20% \$200.00	20% \$200.00	20% \$200.00
Non-Preferred Specialty	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00
Contraceptives	included	included	included	included	included
Mail Order	3 co-pays less \$10.00	3 co-pays less \$10.00	3 co-pays less \$10.00	3 co-pays less \$10.00	3 co-pays less \$10.00
<b>Pediatric Dental &amp; Vision</b>	not included	not included	not included	not included	not included
<b>Dependent Eligibility</b>					
Dependents Eligible end of year at Age	26	26	26	26	26
Participation requirement	minimum of 2 contracts	minimum of 2 contracts	minimum of 2 contracts	minimum of 2 contracts	
Rate Guarantee		1 year	1 year	1 year	

*Above rates are not a contractual agreement and any change in assumptions and/or group demographics could affect rates. Benefit descriptions above are for comparison only; plan document will govern. Group will not be bound by any typographical errors contained in this presentation.*

*True Out of Pocket Annual Maximum(TROOP) includes Deductible, Coinsurance, Pharmacy and any services requiring a co-payment*