



Holly Academy
Rates Effective: September 1, 2019
Medical & Prescription Drug Cost Analysis

		Current BCN HBL HMO	Renewal BCN HBL HMO	Option 1 BCBSM PPO - Community Blue	Option 2 BCBSM PPO - Simply Blue	Option 3 BCBSM PPO		
Count		Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates		
Single	11	\$388.60	\$430.66	\$652.50	\$599.07	\$565.11		
Two Person	8	\$932.66	\$1,033.58	\$1,565.97	\$1,437.77	\$1,356.27		
Family	18	\$1,165.82	\$1,291.97	\$1,957.48	\$1,797.21	\$1,695.34		
Estimated Monthly Premium		\$32,720.64	\$36,261.36	\$54,939.90	\$50,441.71	\$47,582.49		
Estimated Annual Premium		\$392,647.68	\$435,136.32	\$659,278.80	\$605,300.52	\$570,989.88		
Dollar Change		-	\$42,488.64	\$266,631.12	\$212,652.84	\$178,342.20		
Percent Change		-	10.82%	67.91%	54.16%	45.42%		
Deductible		Enhanced	Standard	Enhanced	Standard	In-Network	In-Network	In-Network
Individual		\$1,000	\$3,000	\$1,000	\$3,000	\$500	\$500	\$1,000
Family		\$2,000	\$6,000	\$2,000	\$6,000	\$1,000	\$1,000	\$2,000
Coinsurance								
Individual		80%	70%	80%	70%	80%	80%	80%
Family		80%	70%	80%	70%	80%	80%	80%
Coinsurance Annual Maximum								
Individual		\$2,000	\$3,000	\$2,000	\$3,000	\$1,500	\$2,500	\$2,500
Family		\$4,000	\$6,000	\$4,000	\$6,000	\$3,000	\$5,000	\$5,000
True Out of Pocket Annual Maximum (TROOP)								
Individual		\$6,600	\$6,600	\$6,600	\$6,600	\$6,350	\$6,350	\$6,350
Family		\$13,200	\$13,200	\$13,200	\$13,200	\$12,700	\$12,700	\$12,700
Office Visit								
Primary Physician		\$25.00	\$30.00	\$25.00	\$30.00	\$20.00	\$20.00	\$30.00
Specialist		\$35.00	\$40.00	\$35.00	\$40.00	\$20.00	\$20.00	\$30.00
Chiropractic		\$35.00	\$40.00	\$35.00	\$40.00	\$20.00	\$20.00	\$30.00
Urgent Care		\$35.00	\$50.00	\$35.00	\$50.00	\$20.00	\$20.00	\$30.00

Hospital Services							
In-Patient Admission	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Surgical Services	Ded+Coin	Ded+Coin	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	\$150.00	\$150.00
Imaging Services(X-Ray)	Ded+Coin	Ded+Coin	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	Ded+Coin	Ded+Coin	Ded+Coin
Laboratory	\$0.00	\$0.00	\$0.00	\$0.00	Ded+Coin	Ded+Coin	Ded+Coin
Ambulance	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Prescription Drugs							
Generic	\$4.00 / \$15.00	\$6.00 / \$25.00	\$4.00 / \$15.00	\$6.00 / \$25.00	\$10.00	\$10.00	\$10.00
Preferred Brand	\$40.00	\$50.00	\$40.00	\$50.00	\$40.00	\$40.00	\$40.00
Non-Preferred Brand	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Preferred Specialty	20% \$200.00	20% \$200.00	20% \$200.00	20% \$200.00	\$80.00	8000%	8000%
Non-Preferred Specialty	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00	\$80.00	8000%	8000%
Contraceptives	included	included	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	2 co-pays	2 co-pays	2 co-pays
Pediatric Dental & Vision	not included	not included	not included	not included	not included	not included	not included
Dependent Eligibility							
Dependents Eligible end of year at Age	26	26	26	26	26	26	26
Participation requirement	minimum of 2 contracts		minimum of 2 contracts		minimum of 2 contracts	minimum of 2 contracts	minimum of 2 contracts
Rate Guarantee			1 year		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