

UnitedHealthcare

Medical Rates for BIG WALNUT LOCAL SCHOOL DISTRICT

Effective Date: 1/01/2020 | Customer Number 00753271

	Option 1: Current	Option 2: Current	Option 17	NEW
Plan Name	BC-P5 Mod2 (Traditional with Deductible) Rx Plan: K9	BC-P5 Mod (Traditional with Deductible) Rx Plan: S5 Mod	BC-Q8 MOD3 (HSA) Rx Plan: 2V-HSA Mod1	
Product	Choice + Insurance *	Choice + Insurance *	Choice + Insurance *	
Option	BC-P5 Mod2 (AA)	BC-P5 Mod (A)		
Plan Offering	Dual Option	Dual Option	Multiple Option	
Multiple Option with:	Option(s) 2	Option(s) 1		
HRA or HSA	No	No	HSA	
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family	
Office Copay (PCP/SPC)	PCP \$25, SPC \$35	PCP \$15, SPC \$25	PCP N/A, SPC N/A	
Hospital Copays	OP N/A, IP N/A	OP N/A, IP N/A	OP N/A, IP N/A	
UC/ER/Major Diag Copay	UC \$75, ER \$200, MD N/A	UC \$50, ER \$125, MD N/A	UC N/A, ER N/A, MD N/A	
Other	ENRP	ENRP	ENRP	
Deductible	500/1000 (Emb)	200/400 (Emb)	1400/2800 (Non-Embedded)	
Coinsurance	90%	90%	90%	
Out-of-Pocket	\$1500/3000	800/1600	\$3000/6000	
Pharmacy	\$10/20/50; 2.5x for M.O. (Adv PDL)	\$10/15/20; 2.0x for M.O. (Adv PDL)	\$10/30/60; 2.5x MO Integ med/rx ded (Adv PDL)	
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family	
Deductible	500/1000 (Emb)	500/1000 (Emb)	\$3000/6000 (Non-Embedded)	
Coinsurance	70%	70%	70%	
Out of Pocket	\$3000/6000	\$3000/6000	\$6000/12000	
Enrollment				
Employee	3	12	77	
Employee + Family	7	47	178	
Total	10	59	255	
Rates	Rates (Billed)		Rates (Billed)	
	Current	Proposed	Current	Proposed
Employee	\$965.93	\$1,141.30	\$1,110.72	\$1,312.37
Employee + Family	\$2,656.30	\$3,138.57	\$3,054.47	\$3,609.01
Monthly Cost		\$25,394		\$185,372
Annual Cost		\$304,727		\$2,224,463
Change from Current	18.2%		18.2%	
				0.5%

Increase is 3.4% on current premium

Annual Cost Based on Projected Membership

\$9,317,996

* The rates above are firm and include broker fees.