





Ben Hill BOC Cost Comparison

	Anthem 		Anthem 		Anthem 		Anthem 	
	CURRENT	RENEWAL	OPTION 1 (Increase medical deductible to \$3000)	OPTION 2 (Increase medical deductible to \$3500)	OPTION 3 (Adding Rx deductible to current plan)			
Plan Name	OAP5 2.5K/20 Rx AE Anthem Blue Cross	OAP5 2.5K/20 Rx AE Anthem Blue Cross	OAP5 3K/20 Rx AE Anthem Blue Cross	OAP5 3.5K/20 Rx AE Anthem Blue Cross	OAP5 2.5K/20 Rx KE Anthem Blue Cross			
Provider Network	POS	POS	POS	POS	POS			
Co-pay (Out-of-Pocket)	\$2,500	\$2,500	\$3,000	\$3,500	\$2,500			
Co-pay (In-network)	\$7,500	\$7,500	\$9,000	\$10,500	\$7,500			
Co-pay (Specialty)	\$7,900	\$7,900	\$7,900	\$7,900	\$7,900			
Co-pay (Hospital)	\$15,800	\$15,800	\$15,800	\$15,800	\$15,800			
Co-pay (Out-of-State)	80%	80%	80%	80%	80%			
Co-pay (Emergency)	\$30	\$30	\$30	\$30	\$30			
Co-pay (Specialist)	\$60	\$60	\$60	\$60	\$60			
Hospital Services (Inpatient)	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins			
Outpatient Services - Facility	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%			
Outpatient Services - Non-Facility	Deductible Coins	Deductible Coins	Deductible Coins	Deductible Coins	Deductible Coins			
Emergency (In-network)	\$75	\$75	\$75	\$75	\$75			
Emergency (Out-of-network)	350 + 20%	350 + 20%	350 + 20%	350 + 20%	350 + 20%			
Emergency Room	100%	100%	100%	100%	100%			
Out-of-Network Provider	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins			
Office Services	\$60 Copay (20 visits annually)	\$60 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)			
Office Staffing (Not OT/PT)	\$60 Copay (20 visits annually)	\$60 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)			
Durable Medical Equipment	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins			
Other Allowed POC	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins			
Prescription Coverage								
Rx Deductible	\$0	\$0	\$0	\$0	\$200			
Tier 1 Generic	\$15	\$15	\$15	\$15	\$15			
Tier 2 Preferred	\$35	\$35	\$35	\$35	\$45			
Tier 3 Non-Preferred	\$60	\$60	\$60	\$60	\$85			
Tier 4 Specialty	25% to \$350 Max	25% to \$350 Max	25% to \$350 Max	25% to \$350 Max	25% to \$350 Max			
Family Premiums								
Rate (Counts)	CURRENT	RENEWAL	OPTION 1	OPTION 2	OPTION 3			
EE Only	\$860.71	\$912.35	\$901.65	\$892.47	\$887.00			
EE + Spouse	\$1,589.71	\$1,685.09	\$1,665.33	\$1,648.38	\$1,638.27			
EE + Children	\$1,421.02	\$1,506.28	\$1,488.61	\$1,473.46	\$1,464.42			
Family	\$2,323.50	\$2,432.91	\$2,434.02	\$2,409.25	\$2,394.47			
Total Monthly Premium	\$67,173.64	\$71,203.87	\$70,368.79	\$69,652.37	\$69,225.43			
Total Annual Premium	\$806,083.68	\$854,446.44	\$844,425.48	\$835,828.44	\$830,705.16			
Percent Change from Current (ad EE 65%)		6.00%	4.76%	3.69%	3.05%			
Employer Contribution	\$651,956.84	\$691,072.28	\$682,967.42	\$676,013.90	\$671,870.57			
Total Annual Dollar Change from Current	\$48,362.76	\$48,362.76	\$38,341.80	\$29,744.76	\$24,621.48			
Employer Annual Dollar Change from Current	\$39,115.44	\$39,115.44	\$31,010.58	\$24,057.06	\$19,913.73			

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Medical Benefits		Anthem	Anthem	Anthem	
		CURRENT	RENEWAL	OPTION 4 (Increase medical deductible to \$3000 & add Rx deductible)	OPTION 5 (Increase medical deductible to \$3500 & add Rx deductible)
Plan Name	OAP5 2.5K/20 Rx AE	OAP5 2.5K/20 Rx AE	OAP5 3K/20 Rx KE	OAP5 3.5K/20 Rx KE	
Carrier	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	
Provider Network	POS	POS	POS	POS	
General Medical Services					
Individual	\$2,500	\$2,500	\$3,000	\$3,500	
Family	\$7,500	\$7,500	\$9,000	\$10,500	
Out of Network (No In-network co-pay and deductibles)					
Individual	\$7,900	\$7,900	\$7,900	\$7,900	
Family	\$15,800	\$15,800	\$15,800	\$15,800	
Chiropractic	80%	80%	80%	80%	
Mental/Behavioral					
Primary Care Physician	\$30	\$30	\$30	\$30	
Specialist	\$60	\$60	\$60	\$60	
Outpatient Services (e.g. Physical Therapy, Occupational Therapy, Chiropractic)					
Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	
Outpatient Services (e.g. Physical Therapy, Occupational Therapy, Chiropractic)					
Deductible & Coins	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%	
Emergency (e.g. Urgent Care, ER)					
Deductible Coins	Deductible Coins	Deductible Coins	Deductible Coins	Deductible Coins	
Urgent Care (in-network)	\$75	\$75	\$75	\$75	
Emergency Room	350 + 20%	350 + 20%	350 + 20%	350 + 20%	
Prescription Drugs					
Deductible & Coins	100%	100%	100%	100%	
In Network Provider	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	
Out of Network Provider					
Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	
Office Setting Therapy (PT/OT/ST)	\$60 Copay (20 visits annually)	\$60 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)	
Durable Medical Equipment	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	
Outpatient Physical Rx					
Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	Deductible & Coins	
Prescription Drugs (e.g. Rx)					
Rx Deductible	\$0	\$0	\$200	\$200	
Tier 1: Generic	\$15	\$15	\$15	\$15	
Tier 2: Preferred	\$35	\$35	\$45	\$45	
Tier 3: Non-Preferred	\$60	\$60	\$85	\$85	
Tier 4: Specialty	25% to \$350 Max	25% to \$350 Max	25% to \$350 Max	25% to \$350 Max	
Medical Premium					
Rate(s) (Counts)	CURRENT	RENEWAL	OPTION 4	OPTION 5	
EE Only	\$860.71	\$912.35	\$876.25	\$866.82	
EE + Spouse	\$1,589.71	\$1,685.09	\$1,618.42	\$1,600.99	
EE + Children	\$1,421.02	\$1,506.28	\$1,446.68	\$1,431.10	
Family	\$2,323.50	\$2,482.91	\$2,365.46	\$2,339.98	
Total Monthly Premium	\$67,173.64	\$71,203.87	\$68,386.48	\$67,650.46	
Total Annual Premium	\$806,083.68	\$854,446.44	\$820,637.76	\$811,805.52	
Percent Change from Current (d/EE Only)	65%	69%	81%	71%	
Employer Contribution From Current	\$651,956.84	\$691,072.28	\$663,727.83	\$656,584.94	
Total Annual Dollar Change From Current	\$48,362.76	\$48,362.76	\$14,554.08	\$5,721.84	
Employer Annual Dollar Change from Current	\$39,115.44	\$39,115.44	\$11,770.99	\$4,628.11	