

Ben Hill BOC Cost Comparison 2024

Medical Plan Analysis						
		CURRENT	RENEWAL	Option 1	Option 2	Option 3
Plan Name		OAP5 3K/20 Rx KE	OAP5 3K/20 Rx KE	Silver 2000 Max Funded	Custom 3000	OAP GC Single
Carrier		Anthem Blue Cross	Anthem Blue Cross		Angle	Cigna
Provider Network		POS	POS		Cigna	Cigna
Calendar Year Deductible						
Individual		\$3,000	\$3,000	\$2,000	\$3,000	\$3,200
Family		\$9,000	\$9,000	\$6,000	\$6,000	\$9,400
Out of Pocket Max (includes copay and deductible)						
Individual		\$7,900	\$7,900	\$4,000	\$7,900	\$7,900
Family		\$15,800	\$15,800	\$10,000	\$15,800	\$15,800
Co-Insurance		80%	80%	80%	80%	80%
Office Co-pay						
Primary Care Physician		\$30	\$30	\$30	\$30	\$30
Specialist		\$60	\$60	\$60	\$60	\$60
Hospital Services Inpatient						
		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services - Free Standing						
		\$150 Copay + 20%	\$150 Copay + 20%	Deductible & Coinsurance	\$150 Copay + 20%	Deductible & Coinsurance
Outpatient Services - Hospital						
		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency/Urgent Treatment						
Urgent Care (in-network)		\$75	\$75	\$75	\$75	\$50
Emergency Room		\$350 Copay; Deductible & Coinsurance	\$350 Copay; Deductible & Coinsurance	\$150 Copay (Waived if admitted)	\$350 Copay; Deductible & Coinsurance	\$350 Copay; Deductible & Coinsurance
Preventative Care						
In Network Provider		100%	100%	100%	100%	100%
Out of Network Provider		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Other Services						
Chiropractic		\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$60 Copay	\$30 Copay (20 visits annually)	\$60 Copay
Office Setting Therapy (ST,OT,PT)		\$30 Copay (20 visits annually)	\$30 Copay (20 visits annually)	\$60 Copay (medical necessity checked after 25 visits)	\$30 Copay (20 visits annually)	\$60 Copay
Durable Medical Equipment		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Global Maternity Fee		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drug Coverage						
RX Deductible		\$200	\$200	N/A	N/A	N/A
Tier 1: Generic		\$15	\$15	\$15	\$15	\$15
Tier 2: Preferred		\$45	\$45	\$30	\$45	\$45
Tier 3: Non-Preferred		\$85	\$85	\$60	\$85	\$85
Tier 4: Speciality		25% to \$350 Max	25% to \$350 Max	25% Coinsurance	25% Coinsurance	25% Coinsurance
Monthly Premiums						
Rates (Counts)		CURRENT	RENEWAL	Option 1	Option 2	Option 3
EE Only	76	\$938.46	\$1,126.15	\$972.29	\$948.16	\$1,121.42
EE + Spouse	1	\$1,733.32	\$2,079.98	\$1,795.81	\$1,751.23	\$2,071.26
EE + Children	1	\$1,549.39	\$1,859.26	\$1,605.24	\$1,565.40	\$1,851.46
Family	0	\$2,533.40	\$3,040.07	\$2,624.73	\$2,559.58	\$3,027.83
Total Monthly Premium		\$74,605.67	\$89,526.64	\$77,295.09	\$75,376.79	\$89,150.64
Total Annual Premium		\$895,268.04	\$1,074,319.68	\$927,541.08	\$904,521.48	\$1,069,807.68
Percent Change from Current			20.00%	3.60%	1.03%	19.50%
Employer Contribution (of EE Only)	85%	\$746,638.78	\$895,964.94	\$773,553.92	\$754,356.10	\$892,201.75
Total Annual Dollar Change From Current			\$179,051.64	\$32,273.04	\$9,253.44	\$174,539.64
Employer Annual Dollar Change from Current			\$149,326.16	\$26,915.15	\$7,717.32	\$145,562.98
One Time Admin Credit			\$31,000.00			\$31,000.00
Captive Collateral				\$34,774.00		
Updated Percent Change from Current			16.54%	7.49%		16%