



Chatfield Non-Profit Management
Rates Effective: September 1, 2018
Medical & Prescription Drug Cost Analysis

	Counts	Current		Renewal		Option 1		Option 2		Option 3		Option 4	
		BCN	HMO	BCN	HMO	BCN	HMO	BCN	HMO	BCN	HMO	BCN	H.S.A.
		Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates	
Single	6	\$427.89	\$1,283.68	\$483.47	\$1,450.41	\$469.31	\$1,407.94	\$442.30	\$1,326.91	\$417.44	\$1,252.32	\$383.71	\$1,151.14
Employee + Spouse	3	\$1,026.94	\$1,026.94	\$1,160.33	\$1,160.33	\$1,126.36	\$1,126.36	\$1,061.53	\$1,061.53	\$1,001.86	\$1,001.86	\$920.92	\$920.92
Employee + 1 Child	0	\$1,026.94	\$1,026.94	\$1,160.33	\$1,160.33	\$1,126.36	\$1,126.36	\$1,061.53	\$1,061.53	\$1,001.86	\$1,001.86	\$920.92	\$920.92
Family	18	\$1,283.68	\$1,283.68	\$1,450.41	\$1,450.41	\$1,407.94	\$1,407.94	\$1,326.91	\$1,326.91	\$1,252.32	\$1,252.32	\$1,151.14	\$1,151.14
Estimated Monthly Premium		\$28,754.40	\$28,754.40	\$32,489.19	\$32,489.19	\$31,537.86	\$31,537.86	\$29,722.77	\$29,722.77	\$28,051.98	\$28,051.98	\$25,785.54	\$25,785.54
Estimated Annual Premium		\$345,052.80	\$345,052.80	\$389,870.28	\$389,870.28	\$378,454.32	\$378,454.32	\$356,673.24	\$356,673.24	\$336,623.76	\$336,623.76	\$309,426.48	\$309,426.48
Dollar Change		-	-	\$44,817.48	\$44,817.48	\$33,401.52	\$33,401.52	\$11,620.44	\$11,620.44	(\$8,429.04)	(\$8,429.04)	(\$35,626.32)	(\$35,626.32)
Percent Change		-	-	12.99%	12.99%	9.68%	9.68%	3.37%	3.37%	-2.44%	-2.44%	-10.32%	-10.32%
Deductible		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual		\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$500	\$1,000	\$1,000	\$1,350	\$1,350
Family		\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	\$1,000	\$2,000	\$2,000	\$2,700	\$2,700
Coinsurance		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual		90%	90%	90%	90%	80%	80%	90%	90%	80%	80%	100%	100%
Family		90%	90%	90%	90%	80%	80%	90%	90%	80%	80%	100%	100%
Coinsurance Annual Maximum (TROOP)		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,500	\$2,500	\$2,500	\$2,500	\$0	\$0
Family		\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$5,000	\$5,000	\$5,000	\$5,000	\$0	\$0
True Out of Pocket Annual Maximum (TROOP)		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual		\$5,000	\$5,000	\$5,000	\$5,000	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$2,350	\$2,350
Family		\$10,000	\$10,000	\$10,000	\$10,000	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200	\$4,700	\$4,700
Office Visit		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Primary Physician		\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$25.00	\$20.00	\$20.00	\$20.00	\$20.00	Ded	Ded
Specialist		\$30.00	\$30.00	\$30.00	\$30.00	\$35.00	\$35.00	\$40.00	\$40.00	\$40.00	\$40.00	Ded	Ded
Chiropractic		\$30.00	\$30.00	\$30.00	\$30.00	\$35.00	\$35.00	\$40.00	\$40.00	\$40.00	\$40.00	Ded	Ded
Urgent Care		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$50.00	\$50.00	\$50.00	\$50.00	Ded	Ded



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	BCN HMO	BCN HMO	BCN HMO	BCN HMO	BCN HMO	BCN H.S.A. HMO
Hospital Services						
In-Patient Admission	Coin	Coin	Coin	Ded+Coin	Ded+Coin	Ded
Surgical Services	Coin	Coin	Coin	Ded+Coin	Ded+Coin	Ded
Emergency Room	\$150.00	\$150.00	\$150.00	\$150.00 after Ded	\$150.00 after Ded	Ded
Imaging Services(X-Ray)	Coin	Coin	Coin	Ded+Coin	Ded+Coin	Ded
Advanced Imaging Services (Cat Scan/Pet Scan/MRI)	\$150.00	\$150.00	\$150.00	\$150.00 after Ded	\$150.00 after Ded	Ded
Laboratory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Ded
Ambulance	Coin	Coin	Coin	Ded+Coin	Ded+Coin	Ded
Prescription Drugs						
Generic	\$4.00 / \$15.00	\$4.00 / \$15.00	\$4.00 / \$15.00	\$4.00 / \$15.00	\$4.00 / \$15.00	Co-pays after Ded \$10.00 / \$30.00
Preferred Brand	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$60.00
Non-Preferred Brand	\$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	20% \$200.00	20% \$200.00
Non-Preferred Specialty	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00	20% \$300.00
Contraceptives	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	3 co-pays less \$10.00	3 co-pays less \$10.00
Pediatric Dental & Vision	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
Participation requirement	minimum of 2 contracts	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	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