

# Town of Little Elm

## Medical Renewal Analysis

### Effective: 11/1/2023

CURRENT					BAFO w/ DENTAL			
Benefits	BCBS PPO		BCBS HSA		BCBS PPO		BCBS HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	80%	60%	100%	70%	80%	60%	100%	70%
Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$10,000 / \$20,000
Out-of-Pocket Maximum	\$4,500 / \$9,000	\$11,300 / \$22,600	\$3,000 / \$6,000	\$20,000 / \$40,000	\$4,500 / \$9,000	\$11,300 / \$22,600	\$3,000 / \$6,000	\$20,000 / \$40,000
Deductible Included in OOP	Yes		Yes		Yes		Yes	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Physician Office Copay	\$25 copay	60% after ded.	100% after ded.	70% after ded.	\$25 copay	60% after ded.	100% after ded.	70% after ded.
Specialist Office Copay	\$50 copay	60% after ded.	100% after ded.	70% after ded.	\$50 copay	60% after ded.	100% after ded.	70% after ded.
Urgent Care Copay	\$75 copay	60% after ded.	100% after ded.	70% after ded.	\$75 copay	60% after ded.	100% after ded.	70% after ded.
Emergency Room Copay	80% after \$300 copay - Facility 80% after ded. - Physician		100% after ded.		80% after \$300 copay - Facility 80% after ded. - Physician		100% after ded.	
Virtual Visit Copy	\$25 copay	60% after ded.	100% after ded.	70% after ded.	\$25 copay	60% after ded.	100% after ded.	70% after ded.
<b>Hospital</b>								
Inpatient	80% after ded.	60% after ded.	100% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after ded.	70% after ded.
Outpatient	80% after ded.	60% after ded.	100% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after ded.	70% after ded.
Skilled Nursing Facility	100% of Allowed (25 days /yr)	60% after ded. (25 days /yr)	100% after ded. (25 days /yr)	70% after ded. (25 days /yr)	100% of Allowed (25 days /yr)	60% after ded. (25 days /yr)	100% after ded. (25 days /yr)	70% after ded. (25 days /yr)
Home Health Care	100% of Allowed (60 days /yr)	60% after ded. (60 days /yr)	100% after ded. (60 visits /yr)	70% after ded. (60 visits /yr)	100% of Allowed (60 days /yr)	60% after ded. (60 days /yr)	100% after ded. (60 visits /yr)	70% after ded. (60 visits /yr)
<b>Mental Illness</b>								
Inpatient	80% after ded.	60% after ded.	100% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after ded.	70% after ded.
Outpatient Office	\$25 copay	60% after ded.	100% after ded.	70% after ded.	\$25 copay	60% after ded.	100% after ded.	70% after ded.
<b>Substance Abuse</b>								
Inpatient	80% after ded.	60% after ded.	100% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after ded.	70% after ded.
Outpatient Office	\$25 copay	60% after ded.	100% after ded.	70% after ded.	\$25 copay	60% after ded.	100% after ded.	70% after ded.
<b>Prescription Drugs</b> Retail - (30 day supply) Generic Brand Name Non-Formulary Specialty Mail Order - (90 day supply) Generic Brand Name Non-Formulary Specialty	<b>Separate OOP Rx Max \$1,000 Ind/\$3,000 fam Mandatory Generic</b> Specialty through PRIME Rx		<b>Mandatory Generic</b>		<b>Separate OOP Rx Max \$1,000 Ind/\$3,000 fam Mandatory Generic</b> Specialty through PRIME Rx		<b>Mandatory Generic</b>	
	\$10	60% after copay			\$10	60% after copay		
	\$25	60% after copay	100% after ded.	\$25	60% after copay	100% after ded.		
	\$40	60% after copay	100% after ded.	\$40	60% after copay	100% after ded.		
	\$80	60% after copay	100% after ded.	\$80	60% after copay	100% after ded.		
	\$10	N/A	100% after ded.	N/A	\$10	N/A	100% after ded.	N/A
	\$25	N/A	100% after ded.	N/A	\$25	N/A	100% after ded.	N/A
	\$40	N/A	100% after ded.	N/A	\$40	N/A	100% after ded.	N/A
	<b>Rates</b>							
Employee Only 135 45	\$700.31		\$679.38		\$764.78		\$741.93	
Employee + Spouse 8 2	\$1,628.52		\$1,579.99		\$1,778.46		\$1,725.46	
Employee + Child 47 13	\$1,136.29		\$1,102.38		\$1,240.91		\$1,203.88	
Employee + Family 42 16	\$2,001.13		\$1,941.57		\$2,185.38		\$2,120.33	
<b>Monthly Total</b> 232 76	\$245,023.10		\$79,128.14		\$267,581.71		\$86,413.49	
<b>Annual Total</b>	\$2,940,277.20		\$949,537.68		\$3,210,980.52		\$1,036,961.88	
<b>Combined Total</b>	\$3,889,814.88				\$4,247,942.40			
<b>Percent(%) Increase</b>	--				9.21%			

Notes

**Disclaimer:**

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage or policy for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern. Rates shown are not final until final underwriting is approved by the carrier.

# Town of Little Elm

## Dental Marketing Analysis

### Effective: 11/1/2023

	CURRENT	BAFO
Benefits	BCBS PPO	BCBS PPO
Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family
Waived for Preventive	Yes	Yes
Preventive	100%	100%
Basic*	80%	80%
Major*	50%	50%
Calendar Year Maximum	\$1,500	\$1,500
Endodontics and Periodontics	Major	Major
R&C Percentile	90%	90%
Orthodontia (Child Only)	50%	50%
Orthodontia Maximum	\$1,000	\$1,000
Waiting Period	None	None
Rate Guarantee	-	1 Year - Until 10/31/2024
<b>Dental Rates</b>		
Employee Only 172	\$34.99	\$35.72
Employee + Spouse 16	\$73.17	\$74.71
Employee + Child(ren) 45	\$86.14	\$87.95
Employee + Family 70	\$129.37	\$132.09
<b>Monthly Total 303</b>	<b>\$20,121.20</b>	<b>\$20,543.25</b>
<b>Annual Total</b>	<b>\$241,454.40</b>	<b>\$246,519.00</b>
<b>\$ Difference over Current</b>	-	<b>\$5,064.60</b>
<b>% Difference Over Current</b>	-	<b>2.10%</b>

Notes

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