

Detroit Public Schools Community District  
Plan Design and Cost Comparison - Medical and Prescription (Carriers Coexisting)

		Current BCN - 2018			RENEWAL BCN, ADDING NEW BCN AND HAP PLANS - 2019				
Plan Designs <sup>1,2</sup>		BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	HAP HMO
		Core PCP Focus	Core+ PCP Focus	Premium Full Network	Core PCP Focus	Core+ PCP Focus	Premium Full Network	Alt #1 PCP Focus	Plan 6 Full Network
Preventive		100%	100%	100%	100%	100%	100%	100%	100%
Deductible	Individual Family	\$500 \$1,000	N/A	\$500 \$1,000	\$500 \$1,000	N/A	\$500 \$1,000	\$1,500 \$3,000	\$1,200 \$2,400
Out-of-Pocket Maximum	Individual Family	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200	\$6,600 \$13,200
Co-Insurance		10%	N/A	10%	10%	N/A	10%	20%	20%
Co-Insurance Maximum	Individual Family	\$1,500 \$3,000	N/A	\$1,500 \$3,000	\$1,500 \$3,000	N/A	\$1,500 \$3,000	\$1,500 \$3,000	\$2,000 \$4,000
Co-Pay	Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
	Specialist	\$40	\$40	\$40	\$40	\$40	\$40	\$30	\$40
	Urgent Care	\$40	\$50	\$40	\$40	\$50	\$40	\$35	\$75
	ER	\$100	\$100	\$100	\$100	\$100	\$100	\$250 after ded.	\$250
Prescription 30 Day (Retail)	Generic	\$7	\$5	\$7	\$7	\$5	\$7	\$4/\$15	\$7/\$20
	Preferred	\$25	\$25	\$25	\$25	\$25	\$25	\$40	\$30
	Non-Preferred	\$50	\$40	\$50	\$50	\$40	\$50	\$80	\$60
	Specialty	\$7/\$25/\$50	\$5/\$25/\$40	\$7/\$25/\$50	\$7/\$25/\$50	\$5/\$25/\$40	\$7/\$25/\$50	20%-\$200/\$300	20%/50%-\$200
Retail/Mail	31-90 days	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay	3x copay	2x copay
Plan Rates		BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	
Employee Counts	Single Two-Person Family Totals	1,451 608 809 2,868	741 248 372 1,361	106 35 11 152	1,451 608 809 2,868	741 248 372 1,361	106 35 11 152		
Monthly Rates <sup>3</sup>	Single Two-Person Family	\$451.30 \$966.00 \$1,206.56	\$574.14 \$1,223.11 \$1,527.64	\$674.59 \$1,434.44 \$1,791.55	\$471.61 \$1,009.47 \$1,260.86	\$599.98 \$1,278.15 \$1,596.38	\$704.95 \$1,498.99 \$1,872.17	\$424.37 \$886.95 \$1,107.63	\$419.00 \$896.86 \$1,120.21
Annual Premium	Total	\$43,880,897			\$45,855,631				
% Change by Benefit					4.50%		4.50%		4.50%
\$ Change					\$1,974,734				
Total % Change					4.50%				
Employer/Employee Costs		BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	BCN HBL HMO	
Employer Costs	Single Two-Person Family	\$361.04 \$772.80 \$965.25	\$361.04 \$772.80 \$965.25	\$361.04 \$772.80 \$965.25	+5.5% \$380.90 \$815.30 \$1,018.34	+5.5% \$380.90 \$815.30 \$1,018.34	+5.5% \$380.90 \$815.30 \$1,018.34	+5.5% \$380.90 \$815.30 \$1,018.34	+5.5% \$380.90 \$815.30 \$1,018.34
Employer Totals	Annual Total \$ Change % Change	\$21,295,405 \$32,025,724 \$1,761,415 5.5%	\$9,819,088 \$32,025,724 \$1,761,415 5.5%	\$911,232 \$32,025,724 \$1,761,415 5.5%	\$22,466,652 \$33,787,139 \$1,761,415 5.5%	\$10,359,137 \$33,787,139 \$1,761,415 5.5%	\$961,349 \$33,787,139 \$1,761,415 5.5%		
Employee Costs <sup>4</sup>	Single Two-Person Family	\$90.26 \$193.20 \$241.31	\$213.10 \$450.31 \$562.39	\$313.55 \$661.64 \$826.30	\$90.71 \$194.17 \$242.52	\$219.08 \$462.85 \$578.04	\$324.05 \$683.69 \$853.83	\$43.47 \$71.65 \$89.29	\$38.10 \$81.56 \$101.87
Employee Totals <sup>4</sup>	Annual Total \$ Change % Change	\$5,323,851 \$11,855,173 \$213,319 1.8%	\$5,745,526 \$11,855,173 \$213,319 1.8%	\$785,796 \$11,855,173 \$213,319 1.8%	\$5,350,543 \$12,068,492 \$213,319 1.8%	\$5,905,900 \$12,068,492 \$213,319 1.8%	\$812,049 \$12,068,492 \$213,319 1.8%		

<sup>1</sup> The above illustration is not a complete summary of benefits. An official description of benefits is contained in applicable certificates and riders or plan documentation. Additional deviations may exist.

<sup>2</sup> For comparison purposes, we are only showing enhanced benefit levels for the BCN Healthy Blue Living (HBL) HMO plans and In-Network benefits for the BCBSM PPO plans.

<sup>3</sup> Does not include spouse surcharge of \$50 per month (if applicable).

<sup>4</sup> Medical insurance rates in Michigan are regulated by the Department of Insurance and Financial Services (DIFS). Premium rates are illustrative and are subject to change based upon DIFS' approval of each carrier's annual rate filing. HAP's rates may change based upon final enrollment.

<sup>5</sup> The BCN Alt #1 plan is a standard BCN HBL plan which does not include the customizations BCN made for the existing plans. Selected over-the-counter medications are NOT covered. The \$0 copay for selected specialty medications does not apply. Specialty medications have a 20% copay with a cap of \$200 (preferred) and \$300 (non-preferred). High-tech radiology has a \$150 copay (per service) after the deductible is satisfied. Allergy testing is covered at 50% after the deductible is satisfied. Diabetic supplies are covered at 80%. Durable Medical Equipment is covered at 50%. Skilled nursing care is limited to 45 days. Only Enhanced benefit levels are shown above.

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