

10/27/2023

White Cloud Public Schools - January 2024 Renewal for ADMIN, SECRETARY and SUPPORT ONLY
Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company		BCBS		BCBS		
Type of Plan		0% PPO - HSA		10% PPO - HSA		
Network		BCBS		BCBS		
In Network		CURRENT Plan 1	RENEWAL Plan 1	CURRENT Plan 2	RENEWAL Plan 2	
Deductible (Single/Family)		\$1,500/\$3,000	\$1,600/\$3,200	\$2,000/\$4,000		
Coinsurance		0%		10%		
Coinsurance Max		N/A		N/A		
Out of Pocket Max (Single/Family)		\$4,000/\$8,000		\$4,000/\$8,000		
Inpatient & Outpatient Hospital		After deductible, 0%		After deductible, 10%		
Office Visit Copays		After deductible, 0%		After deductible, 10%		
Specialist		After deductible, 0%		After deductible, 10%		
Urgent Care		After deductible, 0%		After deductible, 10%		
Hospital Emergency Room		After deductible, 0%		After deductible, 10%		
Ambulance		After deductible, 0%		After deductible, 10%		
Skilled Nursing Facility		After deductible, 0% limited to 90 days		After deductible, 10% limited to 90 days		
Rehab Visits/Chiropractic		After deductible, 0% PT/OT/ST 30, Chiro 12		After deductible, 10% PT/OT/ST 30, Chiro 12		
Durable Medical Equipment (DME)		After deductible, 0%		After deductible, 10%		
Prescription Drug Copays		After deductible, \$10/\$40/\$80		After deductible, \$10/\$40/\$80		
Out of Network						
Deductible (Single/Family)		\$3,000/\$6,000	\$3,200/\$6,400	\$4,000/\$8,000		
Coinsurance		20%		30%		
Coinsurance Max		N/A		N/A		
Out of Pocket Max (Single/Family)		\$8,000/\$16,000		\$8,000/\$16,000		
Preventive		After deductible, 20%		After deductible, 30%		
Inpatient & Outpatient Hospital		After deductible, 20%		After deductible, 30%		
Office Visit Copays		After deductible, 20%		After deductible, 30%		
Chiropractic Visit copays		After deductible, 20%		After deductible, 30%		
Specialist		After deductible, 20%		After deductible, 30%		
Urgent Care		After deductible, 20%		After deductible, 30%		
Hospital Emergency Room		After deductible, 0%		After deductible, 10%		
Ambulance		After deductible, 0%		After deductible, 10%		
District State Caps 2024	Category	EE CURRENT Plan 1	EE RENEWAL Plan 1	Category	EE CURRENT Plan 2	EE RENEWAL Plan 2
\$ 641.90	Single	\$ -	\$ -	Single	\$ -	\$ -
\$ 1,342.42	Double	\$ 186.26	\$ 182.19	Double	\$ -	\$ -
\$ 1,750.65	Family	\$ 163.08	\$ 155.10	Family	\$ -	\$ -

EE = Employee MONTHLY withholding

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TOTAL BILLED PREMIUM						
Category		CURRENT Plan 1	RENEWAL Plan 1	Category	CURRENT Plan 2	RENEWAL Plan 2
Single		\$ 614.92	\$ 635.25	Single	\$ 520.64	\$ 546.10
Double		\$ 1,475.80	\$ 1,524.61	Double	\$ 1,249.54	\$ 1,310.61
Family		\$ 1,844.77	\$ 1,905.75	Family	\$ 1,561.94	\$ 1,638.28

2024 IRS HSA Contribution Limits:	Single: \$4,150 Double: \$8,300 Family: \$8,300
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