

White Cloud Public Schools - January 2022 Renewal for ADMIN, SECRETARY and SUPPORT ONLY
 Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company		BCBS		Insurance Company		BCBS	
Type of Plan		0% PPO - HSA		Type of Plan		10% PPO - HSA	
Network		BCBS		Network		BCBS	
In Network		CURRENT Plan 1	RENEWAL Plan 1	In Network		CURRENT Plan 2	RENEWAL Plan 2
Deductible (Single/Family)		\$1,400/\$2,800		Deductible (Single/Family)		\$2,000/\$4,000	
Coinsurance		0%		Coinsurance		10%	
Coinsurance Max		N/A		Coinsurance Max		N/A	
Out of Pocket Max (Single/Family)		\$4,000/\$8,000		Out of Pocket Max (Single/Family)		\$4,000/\$8,000	
Inpatient & Outpatient Hospital		After deductible, 0%		Inpatient & Outpatient Hospital		After deductible, 10%	
Office Visit Copays		After deductible, 0%		Office Visit Copays		After deductible, 10%	
Specialist		After deductible, 0%		Specialist		After deductible, 10%	
Urgent Care		After deductible, 0%		Urgent Care		After deductible, 10%	
Hospital Emergency Room		After deductible, 0%		Hospital Emergency Room		After deductible, 10%	
Ambulance		After deductible, 0%		Ambulance		After deductible, 10%	
Skilled Nursing Facility		After deductible, 0% limited to 90 days		Skilled Nursing Facility		After deductible, 10% limited to 90 days	
Rehab Visits/Chiropractic		After deductible, 0% PT/OT/ST 30, Chiro 12		Rehab Visits/Chiropractic		After deductible, 10% PT/OT/ST 30, Chiro 12	
Durable Medical Equipment (DME)		After deductible, 0%		Durable Medical Equipment (DME)		After deductible, 10%	
Prescription Drug Copays		After deductible, \$10/\$40/\$80		Prescription Drug Copays		After deductible, \$10/\$40/\$80	
Out of Network				Out of Network			
Deductible (Single/Family)		\$2,800/\$5,600		Deductible (Single/Family)		\$4,000/\$8,000	
Coinsurance		20%		Coinsurance		30%	
Coinsurance Max		N/A		Coinsurance Max		N/A	
Out of Pocket Max (Single/Family)		\$8,000/\$16,000		Out of Pocket Max (Single/Family)		\$8,000/\$16,000	
Preventive		After deductible, 20%		Preventive		After deductible, 30%	
Inpatient & Outpatient Hospital		After deductible, 20%		Inpatient & Outpatient Hospital		After deductible, 30%	
Office Visit Copays		After deductible, 20%		Office Visit Copays		After deductible, 30%	
Chiropractic Visit copays		After deductible, 20%		Chiropractic Visit copays		After deductible, 30%	
Specialist		After deductible, 20%		Specialist		After deductible, 30%	
Urgent Care		After deductible, 20%		Urgent Care		After deductible, 30%	
Hospital Emergency Room		After deductible, 0%		Hospital Emergency Room		After deductible, 10%	
Ambulance		After deductible, 0%		Ambulance		After deductible, 10%	
District State Caps 2022	Employee Count	CURRENT Plan 1	RENEWAL Plan 1	Employee Count	CURRENT Plan 2	RENEWAL Plan 2	
\$ 608.70	Single (3)	\$ (39.62)	\$ 14.38	Single (2)	\$ (114.22)	\$ (87.97)	
\$ 1,273.00	Double (2)	\$ 86.14	\$ 222.37	Double (0)	\$ (92.93)	\$ (23.25)	
\$ 1,660.12	Family (3)	\$ 41.26	\$ 209.10	Family (5)	\$ (182.58)	\$ (97.93)	
% of difference from Current						10.14%	

EE = Employee MONTHLY withholding

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10/24/2021

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Insurance Company	BCBS		Insurance Company	BCBS	
Type of Plan	0% PPO - HSA		Type of Plan	10% PPO - HSA	
Network	BCBS		Network	BCBS	
Premium Rates	CURRENT Plan 1	RENEWAL Plan 1	Premium Rates	CURRENT Plan 2	RENEWAL Plan 2
Single (3)	\$ 547.37	\$ 623.08	Single (1)	\$ 472.77	\$ 520.73
Double (2)	\$ 1,313.72	\$ 1,495.37	Double (1)	\$ 1,134.65	\$ 1,249.75
Family (3)	\$ 1,642.15	\$ 1,869.22	Family (5)	\$ 1,418.31	\$ 1,562.19
Estimated Monthly Premium	\$ 9,196.02	\$ 10,467.65	Estimated Monthly Premium	\$ 8,698.97	\$ 9,581.43
Total Yearly Premium	\$ 110,352.18	\$ 125,611.84	Total Yearly Premium	\$ 104,387.62	\$ 114,977.17
% of difference from Current		13.83%	% of difference from Current		10.14%

**Premiums include agent commissions of 3% therefore I will continue to direct bill for my services.*

2022 IRS HSA Contribution Limits:	Single: \$3,650 Double: \$7,300 Family: \$7,300
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