

Sarpy County 2020 Health Benefit Cost

| | Employee Only | | | |
|---------------------------|---------------|--------------------------|--------------------------|-------------------------------|
| | 2020 | | | |
| | | Option 1 Network Blue | Option 2 PSBC Network | Option 3 Blue Print Health |
| Medical Rates | | | | |
| Monthly Employee Cost 10% | | \$104.39 | \$98.63 | \$98.63 |
| Monthly County Cost 90% | | \$939.53 | \$887.63 | \$887.63 |
| Total Monthly Cost | | \$1,043.92 | \$986.26 | \$986.26 |

| | Employee / Spouse | | | |
|---------------------------|-------------------|--------------------------|--------------------------|-------------------------------|
| | 2020 | | | |
| | | Option 1 Network Blue | Option 2 PSBC Network | Option 3 Blue Print Health |
| Medical Rates | | | | |
| Monthly Employee Cost 17% | | \$376.41 | \$355.41 | \$355.41 |
| Monthly County Cost 83% | | \$1,837.75 | \$1,735.23 | \$1,735.22 |
| Total Monthly Cost | | \$2,214.16 | \$2,090.64 | \$2,090.63 |

| | Employee / Child (ren) | | | |
|---------------------------|------------------------|--------------------------|--------------------------|-------------------------------|
| | 2020 | | | |
| | | Option 1 Network Blue | Option 2 PSBC Network | Option 3 Blue Print Health |
| Medical Rates | | | | |
| Monthly Employee Cost 17% | | \$376.41 | \$355.41 | \$355.41 |
| Monthly County Cost 83% | | \$1,837.75 | \$1,735.23 | \$1,735.22 |
| Total Monthly Cost | | \$2,214.16 | \$2,090.64 | \$2,090.63 |

| | Family | | | |
|---------------------------|--------|--------------------------|--------------------------|-------------------------------|
| | 2020 | | | |
| | | Option 1 Network Blue | Option 2 PSBC Network | Option 3 Blue Print Health |
| Medical Rates | | | | |
| Monthly Employee Cost 17% | | \$427.90 | \$403.82 | \$403.82 |
| Monthly County Cost 83% | | \$2,089.18 | \$1,971.60 | \$1,971.60 |
| Total Monthly Cost | | \$2,517.08 | \$2,375.42 | \$2,375.42 |



The Harry A. Koch Co.
Insurance & Financial Consultants

Member of First Insurance Group, LLC

Sarpy County

Medical Benefit Analysis

Effective Date January 1, 2020

October-19

2020 Renewal

| | Current Base Health Plan BC/BS of Nebraska PPO | | Current Partial Self Fund BC/BS of Nebraska PPO | |
|--------------------------------------|---|--|---|--|
| Preferred Provider Organization | In-Network | Out-of-Network | In-Network | Out-of-Network |
| BENEFIT OVERVIEW | | | | |
| <u>Deductible</u> | \$4,000 | \$9,000 | \$500 | \$9,000 |
| Single | \$8,000 | \$18,000 | \$1,000 | \$18,000 |
| Family | 80% / 20% | 50% / 50% | 80% / 20% | 50% / 50% |
| Coinsurance | | | | |
| <u>Out of Pocket Maximum</u> | \$6,500 | \$11,900 | \$3,700 | \$11,900 |
| Single (includes the deductible) | \$13,000 | \$23,800 | \$7,400 | \$23,800 |
| Family (includes the deductible) | | | | |
| BENEFIT HIGHLIGHTS | | | | |
| <u>Physician Visit</u> | \$30 Copayment per visit \$75 Copayment for Specialist | Deductible then 50% Deductible then 50% | \$30 Copayment per visit \$75 Copayment for Specialist | Deductible then 50% Deductible then 50% |
| <u>Preventive Services</u> | | | | |
| ADULT | Plan Pays 100% | Deductible then 50% | Plan Pays 100% | Deductible then 50% |
| CHILD/BABY | Plan Pays 100% | Deductible then 50% | Plan Pays 100% | Deductible then 50% |
| Emergency Room Urgent Care Center | \$250 Copayment per visit then 20% \$45 Copayment per visit | \$250 Copayment per visit then 20% Deductible then 50% | \$250 Copayment per visit then 20% \$45 Copayment per visit | \$250 Copayment per visit then 20% Deductible then 50% |
| <u>Hospital Services</u> | | | | |
| Inpatient | Deductible then 20% | Deductible then 50% | Deductible then 20% | Deductible then 50% |
| Outpatient | Deductible then 20% | Deductible then 50% | Deductible then 20% | Deductible then 50% |
| Maternity | Deductible then 20% | Deductible then 50% | Deductible then 20% | Deductible then 50% |
| <u>Prescription Drugs</u> | \$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 / Tier 2 --- \$40.00 / Tier 3 --- \$75.00 Specialty --- \$100.00 | \$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 + 25% Tier 2 --- \$40.00 + 25% Tier 3 --- \$75.00 + 25% Specialty --- Not Covered | \$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 / Tier 2 --- \$40.00 / Tier 3 --- \$75.00 Specialty --- \$100.00 | \$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 + 25% Tier 2 --- \$40.00 + 25% Tier 3 --- \$75.00 + 25% Specialty --- Not Covered |
| Overall Lifetime Maximum | UNLIMITED | | UNLIMITED | |

NOTE:

1) This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates.