



**Adams Township School District  
Medical Plan Comparison  
All Employees  
Assumed Effective Date: 10/1/2023**

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

| Plan Name                               | CURRENT PLAN<br>BCBSM SG PPO HSA Silver \$3000-20%<br>BCBSM SG PPO SB HSA Silver \$3000-20%;<br>\$15/\$50/50%/20%/25% after Ded. Rx | CURRENT PLAN<br>BCN HMO HSA \$1500-20%<br>BCN HMO HSA \$1500-20%; \$10/\$30/\$60/\$80/20%/20%<br>after Ded. Rx | RENEWAL<br>BCBSM SG PPO SB HSA Silver \$3000-20%;<br>\$15/\$50/\$150/20%/25% after Ded. Rx | RENEWAL<br>BCN HMO HSA \$1500-20%; \$10/\$30/\$60/\$80/20%/20%<br>after Ded. Rx |
|---|---|--|--|---|
| <b>Rate Period</b>                      | <b>10/1/22 - 9/30/23</b>  | <b>10/1/22 - 9/30/23</b>   | <b>10/1/23 - 9/30/24</b>   | <b>10/1/23 - 9/30/24</b>  |
| <b>Purchased Plan Features</b>          | <b>In Network</b>   | <b>In Network</b>  | <b>In Network</b>  | <b>In Network</b>   |
| <b>Deductible</b>                       |   |  |  |   |
| Annual Deductible - 1P                  | \$3,000   | \$1,500  | \$3,000  | \$1,500   |
| Annual Deductible - 2P/FF               | \$6,000   | \$3,000  | \$6,000  | \$3,000   |
| <b>Additional Cost After Deductible</b> |   |  |  |   |
| Employee Coinsurance After Deductible   | 20%   | 20%  | 20%  | 20%   |
| Coinsurance Max - 1P                    | N/A   | N/A  | N/A  | N/A   |
| Coinsurance Max- 2P/FF                  | N/A   | N/A  | N/A  | N/A   |
| <b>Out of Pocket Maximum</b>            |   |  |  |   |
| Max ded, coinsurance, copays - 1P       | \$6,000   | \$3,000  | \$7,000  | \$4,000   |
| Max ded, coinsurance, copays - 2P/FF    | \$12,000  | \$6,000  | \$14,000   | \$8,000   |
| <b>Copayments</b>                       |   |  |  |   |
| Office Visit/Specialist                 | 20% after ded/20% after ded   | 20% after ded/20% after ded  | 20% after ded/20% after ded  | 20% after ded/20% after ded   |
| Urgent Care/ER                          | 20% after ded/20% after ded   | 20% after ded/20% after ded  | 20% after ded/20% after ded  | 20% after ded/20% after ded   |
| Chiropractic Limit/Copay                | 30 Combined Visits/20% after ded  | 30 Combined Visits/20% after ded when referred   | 30 Combined Visits/20% after ded   | 30 Combined Visits/20% after ded when referred                                  |
| Rx Copay                                | \$15/\$50/50%/20%/25% after Ded.  | \$10/\$30/\$60/\$80/20%/20% after Ded.   | \$15/\$50/\$150/20%/25% after Ded.   | \$10/\$30/\$60/\$80/20%/20% after Ded.  |
| <b>Total Monthly Costs</b>              |   |  |  |   |
| One Person (1P)                         | (1) \$599.51  | (0) \$783.63   | (1) \$629.34   | (0) \$822.14  |
| Two Person (2P)                         |   | (1) \$1,638.82   |  | (1) \$1,719.35  |
| Family (FF)                             |   | (2) \$2,137.18   |  | (2) \$2,242.20  |
| <b>Total Annual Premium</b>             | <b>(1) \$7,194.12</b>   | <b>(3) \$70,958.16</b>   | <b>(4) \$7,552.08</b>  | <b>(3) \$74,445.00</b>  |
| <b>One Person Cost Share</b>            |   |  |  |   |
| One Person Rate                         | \$599.51  | \$783.63   | \$629.34   | \$822.14  |
| One Person PA 152 Hard Cap              | \$608.71  | \$608.71   | \$616.62   | \$616.62  |
| <b>One Person Monthly Cost</b>          | <b>-\$9.20</b>  | <b>\$174.92</b>  | <b>\$12.72</b>   | <b>\$205.52</b>   |
| <b>Two Person Cost Share</b>            |   |  |  |   |
| Two Person Rate                         |   | \$1,638.82   |  | \$1,719.35  |
| Two Person PA 152 Hard Cap              | \$1,273.00  | \$1,273.00   | \$1,289.55   | \$1,289.55  |
| <b>Two Person Monthly Cost</b>          |   | <b>\$365.82</b>  |  | <b>\$429.80</b>   |
| <b>Family Cost Share</b>                |   |  |  |   |
| Family Rate                             |   | \$2,137.18   |  | \$2,242.20  |
| Family PA 152 Hard Cap                  | \$1,660.12  | \$1,660.12   | \$1,681.70   | \$1,681.70  |
| <b>Family Monthly Cost</b>              |   | <b>\$477.06</b>  |  | <b>\$560.50</b>   |

\*BCBSM/BCN: BCBSM/BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

\*Tiered rates are illustrative based on current census; If a variance of greater than 10% occurs, rates are subject to change.