

North Boone CUSD #200
 Medical | Fully-Insured Renewal Options | Effective 07/01/2026

Carrier Name				BlueCross BlueShield		
Plan Name				MIBCS2176	MIBPP1171	MIEEE4045 BlueEdge HSA
PLAN DESIGN*						
In-Network Benefits				Blue Choice Select PPO	BluePrint PPO	BlueEdge HSA
Deductible Type				Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)				\$5,000 / \$12,000	\$5,000 / \$12,000	\$3,500 / \$7,000
Out-of-Pocket Max Type				Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)				\$6,100 / \$12,200	\$8,550 / \$17,100	\$3,500 / \$7,000
Coinsurance (member pays after deductible)				20%	20%	0%
Preventive Care				Covered 100%	Covered 100%	Covered 100%
Primary Care Visit				\$50 Copay	\$40 Copay	0% after deductible
Specialist Visit				\$50 Copay	\$60 Copay	0% after deductible
Urgent Care				20% after deductible	20% after deductible	0% after deductible
Emergency Room				\$400 Copay	\$250 Copay (Copay waived if admitted)	0% after deductible
Inpatient Hospital				\$200 Copay then 20% after deductible	20% after deductible	0% after deductible
Outpatient Surgery				\$50 Office Visit or 20% after deductible - other	20% after deductible	0% after deductible
Chiropractic (visit limits may apply)				20% after deductible (30 visits)	20% after deductible (30 visits)	0% after deductible (30 visits)
Phys/Occ/Speech Therapy (visit limits may apply)				20% after deductible	20% after deductible (No limit)	0% after deductible (No limit)
Diagnostic Test (X-ray, blood work)				20% after deductible	20% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)				20% after deductible	20% after deductible	0% after deductible
Prescription Drug Benefit						
Retail				30 Days	30 Days	30 Days
Tier I / Tier II / Tier III / Tier IV				Preferred: \$5 / \$15 / \$45 / \$85; Non-Preferred: \$15 / \$25 / \$65 / \$105	Preferred: \$0 / \$10 / \$50 / \$100; Non-Preferred: \$10 / \$20 / \$70 / \$120	0% after deductible
Specialty				Preferred: \$250; Non-Preferred: \$350	Preferred: \$250; Non-Preferred: \$350	0% after deductible
Mail Order				90 Days	90 Days	90 Days
Tier I / Tier II / Tier III / Tier IV				\$15 / \$45 / \$135 / \$225	\$0 / \$30 / \$150 / \$300	0% after deductible
Out-of-Network Benefits						
Deductible Type				Embedded	Embedded	Embedded
CY Deductible (Individual / Family)				\$10,000 / \$24,000	\$10,000 / \$24,000	\$7,000 / \$14,000
Out-of-Pocket Max Type				Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)				\$18,300 / \$36,600	\$25,500 / \$51,300	\$7,000 / \$14,000
Coinsurance (member pays after deductible)				50%	40%	0%
COST ANALYSIS						
PEPM Rates - Enrollment per Renewal			Plan 1	Plan 2	Plan 3	
Employee (EE) Only			0	119	19	
EE + Spouse			0	11	1	
EE + Child(ren)			0	18	2	
EE + Family			0	9	2	
Total Enrollment			0	157	24	
Estimated Monthly Premium				\$0	\$198,535	\$29,657
Estimated Annual Premium				\$0	\$2,382,424	\$355,884
Dollar Difference from Current				\$0	\$278,438	\$33,583
Percent Change from Current				0.0%	13.2%	10.4%
Total Combined Annual Cost						
Estimated Annual Premium				\$2,738,308		
Dollar Difference from Current				\$312,021		
Percent Change from Current				12.9%		

*The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.

North Boone CUSD #200
Dental | Fully-Insured Renewal | Effective 07/01/2026

Carrier Name		Blue Cross and Blue Shield of Illinois																																																																																				
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North Boone CUSD #200
 Vision | Market Options | Effective 07/01/2026

Carrier Name		BlueCross BlueShield
Plan Name		2-12/12/24 \$130 300B
PLAN DESIGN*		
Network Name	INN [EyeMed Insight Network]	OON
Exam (including eyewear exam)		
Frequency	12 Months	12 Months
Benefit	\$10 Copay	Up to \$30
Lenses		
Materials Copay		
Frequency	12 Months	12 Months
Single	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Standard Progressive	\$75 Copay	Up to \$40
Frames		
Frequency	24 Months	24 Months
Allowance	\$130 Allowance plus 20% off balance over \$30 copay	Up to \$65
Contact Lenses		
Frequency	12 Months	12 Months
Allowance	Conventional: Up to \$130 plus 15% off; Disposable: Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$210
Separate Fitting Allowance	Standard: Up to \$40; Premium: 10% off retail price	N/A
COST ANALYSIS		
PEPM Rates - Enrollment per Census	Enrollment	2-12/12/24 \$130 300B
Employee (EE) Only	117	\$6.67
EE + Family	39	\$19.59
Total Enrollment	156	
Estimated Monthly Premium		\$1,544
Estimated Annual Premium		\$18,533
Dollar Difference from Current		-\$3,374
Percent Change from Current		-15.4%

North Boone CUSD #200
Basic Life and AD&D | Renewal | Effective 07/01/2026

Carrier Name		BlueCross and BlueShield of Illinois
PLAN DESIGN*		
Employee		
Life Benefit		\$25,000
AD&D Benefit		Same as Life amount
Benefit Reduction Schedule (% benefit reduces by at age)		50% at age 70
Waiver of Premium		Included
Accelerated Benefit Amount		50% to max \$150,000; (75% is maximum in Illinois)
Convertible/Portable		Included / Not-Included
Suicide Exclusion		AD&D: Included
Leave of Absence Maximum Duration		Until the end of the month; Military Leave: Until the end of the twelfth month
COST ANALYSIS		
	Covered Lives per AMP	0
Life Volume	225	\$5,754,000
AD&D Volume	225	\$5,754,000
Life Rate Per \$1,000 Vol		\$0.130
AD&D Rate Per \$1,000 Vol		\$0.020
Estimated Monthly Premium		\$863
Estimated Annual Premium		\$10,357
	Dollar Difference from Current	\$0
	Percent Change from Current	0.0%