## North Boone CUSD #200

Medical | Fully-Insured Renewal | Effective 07/01/2025

Home with the state of the state	Cauder Mana	CURRENT BlueCross and BlueShield of Illinois			RENEWAL BlueCross and BlueShield of Illinois			NEGOTIATED RENEWAL		
Label Control   End   Control   Contro   Control   Control		BlueCross and BlueShield of Illinois						BlueCross and BlueShield of Illinois		
Multicity   Multicity   Bit Accords and the Vision		MIBAV2152	MIBPP2160	MIEEE4044	MIBAV2152	MIBPP2160	MIEEE4044	MIBAV2152	MIBPP2160	MIEEE4045
basebox   Pick Mode (M)										
Decision frame   Column   Column <th< th=""><th>PLAN DESIGN"</th><th>Dive Adventere LIMO Value</th><th></th><th></th><th></th><th></th><th></th><th>Dive Adventere LIMO Velue</th><th></th><th></th></th<>	PLAN DESIGN"	Dive Adventere LIMO Value						Dive Adventere LIMO Velue		
Cancer   Strong (space)	In-Network Benefits		BluePrint PPO	BlueEdge HSA		BluePrint PPO	BlueEdge HSA		BluePrint PPO	BlueEdge HSA
Out-Of-Acad Value   Classebolic   Classebolic <td><b>21</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Embedded \$3,500 / \$7,000</td>	<b>21</b>									Embedded \$3,500 / \$7,000
CP One-desinate intermative intermatinte intermative intermative intermative inter						. , . ,				Embedded
Consistence names regard and detaching   Consist										\$3,500 / \$7,000
Investment Gen manar Ge						. , . ,	., .,		. , . ,	0%
Prime for vire factors view set of vire sectors view set of vire set of view set of vire sectors view set of view se										Covered 100%
Backbart   Bit Chairy   DPC Barly   PPC Barly <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>0% after deductible</td><td></td><td></td><td>0% after deductible</td></t<>							0% after deductible			0% after deductible
Ungen Can   Stars Stars Stars   Stars Stars Stars   Stars Stars Stars   Stars S	Specialist Visit			0% after deductible			0% after deductible			0% after deductible
Emergency   Single Control   Single Contro   Single Control   Single Contro	Urgent Care	SPC: \$40 Copay		0% after deductible	PCP: \$20 Copay; SPC: \$40 Copay	20% after deductible	0% after deductible	SPC: \$40 Copay	20% after deductible	0% after deductible
cimp grant   cimp grant <thcimp grant<="" th="">   cimp grant   cimp gr</thcimp>		-	\$150 Copay			\$150 Copay			\$150 Copay	
minuta   control   control <th< td=""><td>Emergency Room</td><td>(POD waived if admitted)</td><td>(Copay waived if admitted)</td><td>0% after deductible</td><td>(POD waived if admitted)</td><td>(Copay waived if admitted)</td><td>0% after deductible</td><td>(POD waived if admitted)</td><td>(Copay waived if admitted)</td><td>0% after deductible</td></th<>	Emergency Room	(POD waived if admitted)	(Copay waived if admitted)	0% after deductible	(POD waived if admitted)	(Copay waived if admitted)	0% after deductible	(POD waived if admitted)	(Copay waived if admitted)	0% after deductible
Outpace   Description   Origination	Inpatient Hospital	deductible	20% after deductible	0% after deductible	deductible	20% after deductible	0% after deductible	deductible	20% after deductible	0% after deductible
Chrich (part (init) (	Outpatient Surgery					20% after deductible				0% after deductible
Physicloc25peech Therpy (visit limits may app)   20% after deductible, (Common 60 visit)   20% after deductible,	Chiropractic (visit limits may apply)	Covered 100%	-		Covered 100%			Covered 100%		0% after deductible (30 visits)
Despendent   EV   Covered 100%   PCF330 Coper/ served 300   DVS after deductible   Covered 100%   DVS after deductible   DVS after deductible <thd< td=""><td>Phys/Occ/Speech Therapy (visit limits may apply)</td><td>Outpatient: \$20 Copay</td><td>20% after deductible</td><td>0% after deductible</td><td>Outpatient: \$20 Copay</td><td>20% after deductible</td><td>0% after deductible</td><td>Outpatient: \$20 Copay</td><td>20% after deductible</td><td>0% after deductible (PT/OT/ST: No limit)</td></thd<>	Phys/Occ/Speech Therapy (visit limits may apply)	Outpatient: \$20 Copay	20% after deductible	0% after deductible	Outpatient: \$20 Copay	20% after deductible	0% after deductible	Outpatient: \$20 Copay	20% after deductible	0% after deductible (PT/OT/ST: No limit)
Imaging CFTPET sam, MBP)   Convent 100%   20% aller doductible   O% aller doductible   Convent 100%   20% aller doductible   Convent 100%   20% aller doductible   O% aller doductible   S0 Days   S0 Days   S0 Days   S0 Days   S0 Days   S0 Sister   S0 Sister </td <td>Diagnostic Test (X-ray, blood work)</td> <td>``````</td> <td></td> <td>0% after deductible</td> <td>, ,</td> <td></td> <td>0% after deductible</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>0% after deductible</td>	Diagnostic Test (X-ray, blood work)	``````		0% after deductible	, ,		0% after deductible	· · · · · · · · · · · · · · · · · · ·		0% after deductible
Prescription Drug Benefit Retail   So Days   30 Days <t< td=""><td>Imaging (CT/PET scan, MRI)</td><td>Covered 100%</td><td></td><td>0% after deductible</td><td>Covered 100%</td><td></td><td>0% after deductible</td><td>Covered 100%</td><td></td><td>0% after deductible</td></t<>	Imaging (CT/PET scan, MRI)	Covered 100%		0% after deductible	Covered 100%		0% after deductible	Covered 100%		0% after deductible
Ther // Tore III / T										
Iter / The fir / The fi	Retail	30 Days	Preferred: \$0 / \$10 / \$35 /	30 Days	30 Days	-	30 Days	30 Days		30 Days
Specially Mail Order   Preferred: \$150; Non-Preferred: \$250 90 Days   Preferred: \$150; Non-Preferred: \$250 90 Days   Preferred: \$150; Non-Preferred: \$250 90 Days   Of % after doductible 90 Days   Preferred: \$150; Non-Preferred: \$250 90 Days   Of % after doductible 90 Days <t< td=""><td>Tier I / Tier II / Tier III / Tier IV</td><td>\$0 / \$10 / \$50 / \$100</td><td>Non-Preferred: \$10 / \$20 /</td><td>0% after deductible</td><td>\$0 / \$10 / \$50 / \$100</td><td>Non-Preferred: \$10 / \$20 /</td><td>0% after deductible</td><td>\$0 / \$10 / \$50 / \$100</td><td>Non-Preferred: \$10 / \$20 /</td><td>0% after deductible</td></t<>	Tier I / Tier II / Tier III / Tier IV	\$0 / \$10 / \$50 / \$100	Non-Preferred: \$10 / \$20 /	0% after deductible	\$0 / \$10 / \$50 / \$100	Non-Preferred: \$10 / \$20 /	0% after deductible	\$0 / \$10 / \$50 / \$100	Non-Preferred: \$10 / \$20 /	0% after deductible
Mail Order   90 Days	Specialty	. ,	Preferred: \$150;	0% after deductible		Preferred: \$150;	0% after deductible		Preferred: \$150;	0% after deductible
Tiger 1/ Terr I/ Terr	Mail Order	-		90 Davs			90 Davs			90 Days
Out-of National Form   United N	Tier I / Tier II / Tier III / Tier IV		2		-	2	•		-	0% after deductible
CY Deductibig (Individual / Family)   Vinal   S8,000 / S24,000   S64,000 / S24,000   S6,000 / S24,000   S6,000 / S24,000   S7,000 / S24,000   S26,000   S1,51,51,51   S1,51,51,51   S1,52,16,50   S1,52,16,50   S1,52,16,50   S1,52,16,50   S1,52,16,50   S1,52,16,50	Out-of-Network Benefits									-
Out-of-Pocket Max Type   N/A   Embedded   Embedded   Statulity   Sta	Deductible Type	N/A	Embedded	Embedded	N/A	Embedded	Embedded	N/A	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)   VNA   \$16,500 / \$36,000   \$64,00 / \$12,800   NA   \$16,500 / \$36,000   \$70,000   NA   \$16,500 / \$36,000   \$70,00   NA   \$16,500 / \$36,000   \$70,00   NA   \$16,500 / \$36,000   \$70,00   \$17,123,45   \$1,800,03   \$17,101,41   \$28,200,09   \$2,824,64   \$2,572,02   \$2,637,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$2,687,08   \$	CY Deductible (Individual / Family)	N/A	\$8,000 / \$24,000	\$6,400 / \$12,800	N/A	\$8,000 / \$24,000	\$6,400 / \$12,800	N/A	\$8,000 / \$24,000	\$7,000 / \$14,000
Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   V/A   40%   0%   N/A   40%   0%   N/A   40%   0%     Coinsurance (member pays after deductible)   I   18 <t< td=""><td>Out-of-Pocket Max Type</td><td>N/A</td><td>Embedded</td><td>Embedded</td><td>N/A</td><td>Embedded</td><td>Embedded</td><td>N/A</td><td>Embedded</td><td>Embedded</td></t<>	Out-of-Pocket Max Type	N/A	Embedded	Embedded	N/A	Embedded	Embedded	N/A	Embedded	Embedded
COST ANALYSIS   Vector						. , . ,				\$7,000 / \$14,000
PEPM Rates - Enrollment per Renewal   Plan 1   Plan 2   Plan 3   MIBAV2152   MIBPP2160   MIEEE4044   MIBAV2152   MIBPP2160   MIEEE     Employee (EE) Only   1   11   116   \$779.94   \$799.67   \$806.11   \$884.45   \$906.83   \$914.13   \$832.37   \$853.42   \$866     Et + Spouse   0   10   12   \$1,667.52   \$1,709.70   \$1,723.45   \$1,809.97   \$1,938.80   \$1,94.39   \$1,778.61   \$1,824.63   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$51,85   \$52,968   \$51,85,03   \$51,65   \$52,657.08   \$52,657.0		N/A	40%	0%	N/A	40%	0%	N/A	40%	0%
Employee (EE) Only   1   11   11   11   16   \$779.67   \$806.11   \$884.45   \$906.83   \$914.13   \$832.37   \$832.43   \$862.43     EF + Spouse   0   16   1   \$1,650.16   \$1,723.45   \$1,809.97   \$1,388.80   \$1,954.39   \$1,779.61   \$1,824.63   \$1,83     EF + Child(ren)   0   16   1   \$1,521.67   \$1,560.16   \$1,572.70   \$1,725.57   \$1,783.44   \$1,623.96   \$1,824.63   \$1,83     EF + Family   0   14   2   \$2,470.98   \$2,490.86   \$2,732.96   \$2,802.09   \$2,824.64   \$2,572.02   \$2,837.08   \$2,637.08   \$2,66     Estimated Monthly Premium   ±   21   \$780   \$171,014   \$22,899   \$884   \$193,931   \$2,596.8   \$832   \$182,509   \$2,40.09   \$2,410.02   \$1,625.96   \$16,613   \$2,237,169   \$31,611   \$9,988   \$2,190,114   \$233     Boilar Difference from Current Percent Change from Current Percent Change from Current Percent Change from Current Percent Change from Current Percent Chang										
LE + Spouse   0   10   2   \$1,627.52   \$1,709.70   \$1,723.45   \$1,890.97   \$1,938.80   \$1,954.39   \$1,779.61   \$1,824.63   \$1,82     E + Child(ren)   0   16   1   \$1,627.52   \$1,600.16   \$1,723.45   \$1,800.97   \$1,938.80   \$1,954.39   \$1,779.61   \$1,824.63   \$1,82     E + Family   0   14   2   \$2,2470.02   \$2,470.98   \$2,400.86   \$1,729.61   \$1,783.44   \$1,623.96   \$1,824.63   \$1,82     E + Family   0   14   2   \$2,470.98   \$2,400.86   \$2,730.96   \$2,800.97   \$1,938.80   \$1,799.41   \$1,824.63   \$1,82     E + Family   0   14   2   \$2,470.98   \$2,400.86   \$2,730.96   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,800.97   \$2,109.103   \$2,200.114 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MIEEE4045</td>										MIEEE4045
EE + Child(ren)   0   16   1   \$1,521.67   \$1,560.16   \$1,572.70   \$1,725.57   \$1,783.44   \$1,623.96   \$1,665.03   \$1,66								· · · · · · · · · · · · · · · · · · ·		\$860.30
LEE + Family   0   14   2   \$2,410.02   \$2,470.98   \$2,490.86   \$2,732.96   \$2,802.09   \$2,824.64   \$2,572.02   \$2,637.08										\$1,839.30
Estimated Monthly Premium   \$780   \$171,014   \$22,899   \$884   \$193,931   \$25,968   \$832   \$182,509   \$24     Estimated Annual Premium   \$9,359   \$2,052,172   \$274,789   \$10,613   \$2,327,169   \$311,611   \$9,988   \$2,190,114   \$293     Dollar Difference from Current Percent Change from Current   \$   \$   \$1,254   \$274,997   \$36,822   \$629   \$137,941   \$18     Total Combined Annual Cost   \$   \$   \$13.4%   \$13.4%   \$13.4%   \$13.4%   \$6.7%	<b>EE + Family</b> 0 14 2									\$1,678.42 \$2,658.30
Estimated Annual Premium\$9,359\$2,052,172\$274,789\$10,613\$2,327,169\$311,611\$9,988\$2,190,114\$293Dollar Difference from Current Percent Change from Current CurrentA\$1,254\$274,997\$36,822\$629\$137,941\$18, 6.7%\$19,983\$19,914\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$18, 6.7%\$19,914\$18, 6.7%\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$18, 6.7%\$19,914\$19,914\$18, 6.7%\$19,914\$19,914\$18, 6.7%\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,914\$19,9		\$780	\$171.014	\$22,899	\$884	\$193.931	\$25,968	\$832	\$182.509	\$24,438
Dollar Difference from Current Percent Change from Current   Omega from Current   State of the constraint of the constra	•									\$293,261
Total Combined Annual Cost Image: Current of the c	Dollar Difference from Current	<i><b>••</b>,•••</i>	+=,•==,=	<b>v</b> =: .;; •••	\$1,254	\$274,997	\$36,822	\$629	\$137,941	\$18,472
Estimated Annual Premium \$2,649,393 \$2,649,393   Dollar Difference from Current Percent Change from Current \$313,073 \$157,043   PLAN PROVISIONS 6.7%   Rate Guarantee 1 Year rate guarantee ending 06/30/2025 1 Year rate guarantee ending 06/30/2026 1 Year rate guarantee ending 06/30/2026					13.4%		13.4%	0.1%		6.7%
Dollar Difference from Current Percent Change from Current \$157,043   PLAN PROVISIONS 13.4% 6.7%   Rate Guarantee 1 Year rate guarantee ending 06/30/2025 1 Year rate guarantee ending 06/30/2026										
Percent Change from Current 13.4% 6.7%   PLAN PROVISIONS 1 5 5   Rate Guarantee 1 Year rate guarantee ending 06/30/2026 1 Year rate guarantee ending 06/30/2026		\$2,336,320								
PLAN PROVISIONS 1 Year rate guarantee ending 06/30/2025 1 Year rate guarantee ending 06/30/2026   Rate Guarantee 1 Year rate guarantee ending 06/30/2026 1 Year rate guarantee ending 06/30/2026										
Rate Guarantee 1 Year rate guarantee ending 06/30/2025 1 Year rate guarantee ending 06/30/2026 1 Year rate guarantee ending 06/30/2026						13.4%			6.7%	
		1 Ve2	r rate quarantee ending 06/30	/2025	1 Vez	ar rate quarantee ending 06/30	/2026	1 Vez	ar rate quarantee ending 06/30	/2026
FTE 32HRS/WK FTE 32HRS/WK FTE 32HRS/WK	Eligibility	1164	FTE 32HRS/WK		1168	FTE 32HRS/WK	,_0_0	1168	FTE 32HRS/WK	2020

