



CITY OF CRETE

MEDICAL SUMMARY

Effective: 3/1/2022



Proposal Type	CURRENT		RENEWAL	
Carrier	BCBSNE		BCBSNE	
Note	HSA - Embedded		HSA - Embedded	
Plan Name	BlueFreedom - Option 18 w/Rx1		BlueFreedom - Option 18 w/Rx1	
Option Type	BlueFreedom - Option 58 HSA		BlueFreedom - Option 58 HSA	
Network	In Network		In Network	
Deductible - EE	\$1,000		\$3,500	
Deductible - Family	\$2,000		\$7,000	
Coinsurance	80%		80%	
Out of Pocket Max	\$2,000		\$5,500	
Out of Pocket Max - Family	\$4,000		\$11,000	
Physician/Specialist Copay	\$30/\$45		Ded then 20%	
Copay Note			\$30/\$45	
Standard Telehealth Copay	\$10		Ded then 20%	
Urgent Care Copay	\$60		Ded then 20%	
Emergency Room Copay	Ded then 20%		Ded then 20%	
X-Ray/Lab	Ded then 20%		Ded then 20%	
Major Diagnostic (MRI,CT,etc.)	Ded then 20%		Ded then 20%	
Prescriptions(Rx)	\$10/\$30/\$50		\$10/\$30/\$50	
Specialty Rx	\$100		\$100	
Rx Notes	Option 1		Option 1	
Provider Network	Network BLUE		Network BLUE	
Employee	10	\$877.49	14	\$660.21
Employee + Spouse	4	\$1,798.85	2	\$1,353.44
Employee + Child(ren)	0	\$1,535.60	5	\$1,155.37
Employee + Family	3	\$2,544.72	13	\$1,914.62
Employee Total		\$14,917.33		\$22,447.14
Dependent Total		\$8,687.13		\$20,169.59
Combined Monthly Total				\$66,221.19
% Variance				3.73%

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions.

*Please refer to the benefit summary for more specific details regarding this benefit.

^Please refer to the carrier proposal and/or benefit summary for more specific details.

Prepared by: Benefit Management, Inc

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BCBS		#	ER ANNUAL	EE ANNUAL
	Trad BF 18	ENROLLEES	INCREASE	INCREASE
Employee	907.10	7	2363.16	123.80
Employee+Spouse	1859.56	3	1748.45	436.98
Employee+Child(ren)	1587.43	0		
Employee+Family	2630.59	2	1648.70	411.98
	HDHP BF 58			
Employee	686.12	12	3544.49	185.45
Employee+Spouse	1406.55	2	1019.71	255.17
Employee+Child(ren)	1200.71	4	1741.06	434.77
Employee+Family	1989.75	12	8654.98	2163.98

FOP Premium Calculations	Monthly Rates			
Renewal	effective 3-1-2022	#	ER ANNUAL	EE ANNUAL
	Trad BF 18	ENROLLEES	INCREASE	INCREASE
Employee	907.10	3	1065.84	0.00
Employee+Spouse	1859.56	1	619.24	109.31
Employee+Child(ren)	1587.43	0		
Employee+Family	2630.59	1	875.87	154.62
	HDHP BF 58			
Employee	686.12	2	621.84	0.00
Employee+Spouse	1406.55	0		
Employee+Child(ren)	1200.71	1	462.47	81.71
Employee+Family	1989.75	1	766.33	135.18

TOTAL ANNUAL	25132.13	4492.97	29625.10
INCREASE	ER	EE	TOTAL