

BENEFITS ANALYSIS REPORT

SBP Consulting 10/1/2014

SBP Consulting 10/1/2014 CARRIER	BCBS			BCBS			BCBS		
	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Plan Name	NPP11123			NPP43323			NPP83336		
PPO Network	OSF/Proctor			OSF/Proctor			OSF/Proctor		
Individual Deductible	\$0		\$200	\$250		\$500	\$1,000		\$2,000
Family Deductible	\$0		\$600	\$750		\$1,500	\$3,000		\$6,000
Co-Insurance Amount	100%		80% after ded	80% After ded	ded included	60% after ded	80% after ded	ded included	60% after ded
Individual Out of Pocket Expense	\$0	ded included	\$1,200	\$1,250	ded included	\$2,500	\$2,000	ded included	\$4,000
Family Out of Pocket Expense	\$0	ded included	\$3,600	\$3,750		\$7,500	\$6,000		\$12,000
Hospital In-Patient Deductible	\$0		\$300	\$0		\$300	0		\$300
Hospital In-Patient Co-Insurance	100%		80% after ded	80% After ded		60% after ded	80% after ded		60% after ded
Emergency Room	\$0		\$0	\$150 copay		\$150 copay	\$150 copay		\$150 copay
Office Visit Co-Pay	\$0/\$0		80%	\$20/\$40		60% after ded	30\$/50\$		40% after ded
Maternity	100%		80% after ded	80% After ded		60% after ded	80% after ded		60% after ded
Preventive Care	100%		80% after ded	100%		60% after ded	100%		60% after ded
Prescription Co-Pay (Generic/Brand)	\$15/\$30/\$50			\$15/\$30/\$50			\$10/\$40/\$60		
Mail Order	yes			yes			yes		
Health Premium	Participants		Premium	Participants		Premium	Participants		Premium
		Employee Only	\$281.42		Employee Only	\$244.51		Employee Only	\$226.58
		Employee + Spouse	\$644.29		Employee + Spouse	\$559.80		Employee + Spouse	\$518.76
		Family	\$933.29		Family	\$810.90		Family	\$751.46