



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

**Madison School District
All Employees with BCBSM
Assumed Effective Date: 1/1/2021**

Plan	CURRENT PLAN Employees with BCBSM		Renewal	
	BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
Rate Period	1/1/2020-12/31/2020		1/1/2021-12/31/2021	
Purchased Plan Features	In Network		In Network	
Deductible				
Annual Deductible - 1P	\$2,000		\$2,000	
Annual Deductible - 2P/FF	\$4,000		\$4,000	
Additional Cost After Deductible				
Employee Coinsurance after Deductible	0%		0%	
Coinsurance Max - 1P	N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A	
Out of Pocket Maximum				
Max ded, coinsurance, copays - 1P	\$3,000		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$6,000		\$6,000	
Copayments				
Office Visit/Specialist	0% after Ded.		0% after Ded.	
Urgent Care/ER	0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	12/0% after Ded.		12/0% after Ded.	
Rx Copay	\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates
One Person (1P)	4	\$497.26	4	\$515.87
Two Person (2P)	5	\$1,181.81	5	\$1,226.46
Family (FF)	15	\$1,475.17	15	\$1,531.01
Total Annual Premium	24	\$360,308	24	\$373,931
Total Costs			PEPM	Annual
Estimated Annual Cost	\$360,308		\$373,931	
Estimated Savings/(Increase) \$			(\$13,623.48)	
Estimated Difference %			-3.8%	

BCBSM:

*BCBSM 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.

SET SEG:

*Rates include \$8.30 enrollment and billing service fee.