

**Barron Area School District
Group Medical Benefit/Cost Analysis
7/1/2017**

\$5000 PPO / HRA Plan

		Medica 6550-35-60-0%	
Description of Coverage		\$6550 Deductible 100% / 50%	
Benefit Highlights		Network	
		IN	OUT
Deductible			
Individual		\$6,550	\$10,000
Family		\$13,100	\$20,000
Coinsurance		100%	50%
Maximum Out of Pocket (includes deductible)			
Individual		\$6,550	\$13,000
Family		\$13,100	\$26,000
Office Visits			
Primary		\$35 Copay	50% after ded
Specialist		\$60 Copay	50% after ded
Routine Care		100%	50% after ded
Hospitalization Services		100% after ded	50% after ded
Emergency Room		\$250 Copay	\$250 Copay
Network		Choice Plus / Mayo Health	
Urgent Care		\$35 Copay	\$35 Copay
Prescription Drugs		\$12/\$50/\$90	
Rates			
Employee	17	\$652.04	
Family	50	\$1,825.70	
Employee (Mayo)	10	\$606.40	
Family (Mayo)	28	\$1,697.90	
Monthly Premium		\$155,974.88	
Annual Premium		\$1,871,698.56	
Percentage Change		7.86%	



Barron Area School District
Group Medical Benefit/Cost Analysis
7/1/2017
\$3000 HSA Plan

	Medica 4000-0% HSA	
Description of Coverage	\$4000 Deductible 100% / 50%	
Benefit Highlights	Network	
	IN	OUT
Deductible		
Individual	\$4,000	\$9,000
Family	\$8,000	\$18,000
Coinsurance	100%	50%
Maximum Out of Pocket (includes deductible)		
Individual	\$4,000	\$13,000
Family	\$8,000	\$26,000
Office Visits		
Primary	100% after ded	50% after ded
Specialist	100% after ded	50% after ded
Routine Care	100%	50% after ded
Hospitalization Services	100% after ded	50% after ded
Emergency Room	100% after ded	100% after ded
Network	Choice Plus / Mayo Health System	
Urgent Care	100% after ded	100% after ded
Prescription Drugs	100% after ded	
Rates		
Employee	3	\$665.22
Family	20	\$1,862.62
Employee (Mayo)	6	\$618.66
Family (Mayo)	13	\$1,732.23
Monthly Premium	\$65,479.01	
Annual Premium	\$785,748.12	
Percentage Change	8.73%	

