



MarshMcLennan
Agency

PfISD Insurance Committee Meeting

September 21, 2022

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Medical Plan Changes

- The medical plan will no longer be administered by UHC
- There will be 3 plan offerings with Blue Cross Blue Shield (BCBS)
- There will be 2 plan offerings with Healthcare Highways (HCH)
- There will still be a \$0 premium plan
- Employees will have the option to select a plan that is at the same premium or lower
- Everyone must go into the TBX system to enroll in order to have medical coverage
- You will get a new ID card from either BCBS or HCH. The new ID card will have your prescription drug information included. You will need to present it at the pharmacy when you get your first fill in 2022.
- Prescription drug benefits will continue to be provided through Express Scripts (ESI) with RxBenefits

2021 PfISD Medical Plans

		UHC	UHC	UHC
		Mid/High Blend	Low	HDHP
Medical Plan Features	Plan Network			
	Triple Option	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
	Individual Deductible	\$1,500	\$2,600	\$2,800
	Family Deductible	\$3,000	\$5,200	\$5,600
	Coinsurance Paid by the Plan	80%	70%	80%
	Medical Individual Maximum Out of Pocket	\$4,000	\$6,500	\$6,750
	Medical Family Maximum Out of Pocket	\$8,000	\$13,000	\$13,000
	Individual Maximum Out of Pocket*	\$6,500	\$6,500	\$6,750
	Family Maximum Out of Pocket*	\$13,000	\$13,000	\$13,500
	Virtual Visit	\$0 copay	\$0 copay	80%
	Primary Office Visit	\$35 copay	\$35 copay	80%
	Specialist Office Visit	\$35 / \$50 copay	\$35 / \$50 copay	80%
	ER - Facility	\$400 copay + 80% after deductible	\$500 copay + 70% after deductible	80%
	ER - Physician			80%
	Urgent Care	\$50 copay	\$50 copay	80%
	<i>In-Network Prescriptions</i>			
	Retail Prescription Drugs (30 days)	\$15 / \$40 / \$65 / 10% to \$2,500	\$15 / \$50 / \$75 / 10% to \$2,500	80%
Mail Order Prescription Drugs (90 days)	2.5x retail	2.5x retail	80%	
Employee Contributions	Current	Current	Current	
Employee Only	\$187.00	\$84.00	\$0.00	
Employee + Spouse	\$793.00	\$568.00	\$440.00	
Employee + Children	\$624.00	\$394.00	\$282.00	
Employee + Family	\$1,181.00	\$878.00	\$722.00	

2022 PfISD Medical Plans

		BCBS	HCH	BCBS	BCBS	HCH
		BCBS High Plan	HCH Low Plan	BCBS Low Plan	BCBS HD Plan	HCH HD Plan
Medical Plan Features	Plan Network					
	4 Plan Options	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
	Individual Deductible	\$1,500	\$2,000	\$2,600	\$2,800	\$3,300
	Family Deductible	\$3,000	\$4,000	\$5,200	\$5,600	\$6,600
	Coinsurance Paid by the Plan	80%	80%	70%	70%	70%
	Individual Maximum Out of Pocket*	\$5,000	\$5,500	\$6,500	\$6,750	\$6,750
	Family Maximum Out of Pocket*	\$10,000	\$11,000	\$13,000	\$13,500	\$13,500
	Virtual Visit	\$0 copay	\$0 copay	\$0 copay	100% after deductible	100% after deductible
	Primary Office Visit	\$35 copay	\$20 copay	\$40 copay	70% after deductible	70% after deductible
	Specialist Office Visit	\$50 copay	\$35 copay	\$55 copay	70% after deductible	70% after deductible
	ER - Facility	\$400 copay + 80% after deductible	\$400 copay + 80% after deductible	\$500 copay + 70% after deductible	70% after deductible	70% after deductible
	ER - Physician				70% after deductible	70% after deductible
	Urgent Care	\$50 copay	\$35 copay	\$55 copay	70% after deductible	70% after deductible
	<i>In-Network Prescriptions</i>					
Retail Prescription Drugs (30 days)	\$15 / \$40 / \$65 / 10% to \$2,500	\$15 / \$40 / \$65 / 10% to \$2,500	\$15 / \$50 / \$75 / 10% to \$2,500	70% after deductible	70% after deductible	
Mail Order Prescription Drugs (90 days)	3x retail	3x retail	3x retail	70% after deductible	70% after deductible	

Enrollment & Rates by Plan		BCBS High Plan	HCH Low Plan	BCBS Low Plan	BCBS HD Plan	HCH HD Plan
EE Rates	Employee Only	\$185.00	\$63.00	\$80.00	\$50.00	\$0.00
	Employee + Spouse	\$730.00	\$560.00	\$600.00	\$540.00	\$440.00
	Employee + Children	\$570.00	\$390.00	\$410.00	\$370.00	\$282.00
	Employee + Family	\$1,120.00	\$870.00	\$940.00	\$850.00	\$722.00

Rate Comparison

	2021 High/Mid Plan	2021 Low Plan	2021 HDHP
EO	\$187	\$84	\$0
ES	\$793	\$568	\$440
EC	\$624	\$394	\$282
EF	\$1,181	\$878	\$722

	2022 BCBS High Plan	2022 HCH Low Plan	2022 BCBS Low Plan	2022 BCBS HD Plan	2022 HCH HD Plan
EO	\$185	\$63	\$80	\$50	\$0
ES	\$730	\$560	\$600	\$540	\$440
EC	\$570	\$390	\$410	\$370	\$282
EF	\$1,120	\$870	\$940	\$850	\$722

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