

Copper Valley Community Services District

Health Insurance Proposal: December 2023

Assumption: Expected Claims

Insurance Carrier		Blue Shield- SDRMA	Anthem Blue Cross
Plan Name		\$3000 Deductible	Bronze HSA + EDIS
Plan Type		EPO	PPO
Annual Deductible (Ind/Fam)		\$300/\$600	\$0/\$0
Annual OOP Max (Ind/Fam)		\$1,300/\$2,600	\$0/\$0
Other OOP Max- Rx		\$5,300/\$10,600	\$0/\$0
Total OOP Max		\$6,800/\$13,200	\$0/\$0
Services/Charges			
Coinsurance		n/a	\$0/\$0
Doctor Visits (Primary/Specialist)		\$30	\$0/\$0
Lab/X-ray		\$0/\$25 Hospital	\$0/\$0
Advanced Imaging (CT, MRI, etc.)		\$0/100 Hospital	\$0/\$0
Inpatient Hospitalization		\$0/\$0	\$0/\$0
Emergency Room Copay (waived if admitted)		\$100	\$0/\$0
Hospital			
Inpatient care		\$250	\$0/\$0
Outpatient Hospital		\$30	\$0/\$0
RX			
Rx Deductible		\$200	\$0/\$0
Rx Copays		\$10/\$20/\$45/ 30% (100)	\$0/\$0
Outpatient Rehab/Therapy			
Physical/Occ./Speech		\$15	\$0/\$0
Chiro		\$30	\$0/\$0
Acupuncture		\$30	\$0/\$0
Rate Structure			
EE Only	7	\$1,297.80	Age Banded
EE + 1			Age Banded
EE + Family			Age Banded
Admin Fee			\$228
Average Monthly Claims			\$542
Monthly Premium			\$4,834
Total Monthly Expense*		\$9,084.60	\$5,603
Total Annual Expense		\$109,015.20	\$67,239
Difference in Cost- Monthly		n/a	-\$3,481
Difference in Cost- Annual			-\$41,776

Copper Valley Community Services District

Health Insurance Proposal: December 2023

Assumption: Maximum Claims

Insurance Carrier		Blue Shield- SDRMA	Anthem Blue Cross
Plan Name		\$3000 Deductible	Bronze HSA + EDIS
Plan Type		EPO	PPO
Annual Deductible (Ind/Fam)		\$300/\$600	\$0/\$0
Annual OOP Max (Ind/Fam)		\$1,300/\$2,600	\$0/\$0
Other OOP Max- Rx		\$5,300/\$10,600	\$0/\$0
Total OOP Max		\$6,800/\$13,200	\$0/\$0
Services/Charges			
Coinsurance		n/a	\$0/\$0
Doctor Visits (Primary/Specialist)		\$30	\$0/\$0
Lab/X-ray		\$0/\$25 Hospital	\$0/\$0
Advanced Imaging (CT, MRI, etc.)		\$0/100 Hospital	\$0/\$0
Inpatient Hospitalization		\$0/\$0	\$0/\$0
Emergency Room Copay (waived if admitted)		\$100	\$0/\$0
Hospital			
Inpatient care		\$250	\$0/\$0
Outpatient Hospital		\$30	\$0/\$0
RX			
Rx Deductible		\$200	\$0/\$0
Rx Copays		\$10/\$20/\$45/ 30% (100)	\$0/\$0
Outpatient Rehab/Therapy			
Physical/Occ./Speech		\$15	\$0/\$0
Chiro		\$30	\$0/\$0
Acupuncture		\$30	\$0/\$0
Rate Structure			
EE Only	7	\$1,297.80	Age Banded
EE + 1			Age Banded
EE + Family			Age Banded
Admin Fee			\$228
Average Monthly Claims			\$2,159
Monthly Premium			\$4,834
Total Monthly Expense*		\$9,084.60	\$7,221
Total Annual Expense		\$109,015.20	\$86,647
Difference in Cost- Monthly		n/a	-\$1,864
Difference in Cost- Annual			-\$22,368