

**Comparison of BC/BS Plan Rates
(Classified & Administrators)**

Options	Current Plan Rates (2007-08)	Current District Paid Amount	Employee Amount for Current Plan (07-08 Rates)	Current Plan Rates (2008-09)	Current District Paid Amount	Employee Amount for Current Plan (08-09 Rates)	AffordaBlue Plan Rates	Current District Paid Amount	Employee Amount for AffordaBlue Plan
Option 1									
Employee	304.01	195	109.01	382.84	195	187.84	356.88	195	161.88
Employee-Children	586.80	195	391.80	737.89	195	542.89	675.93	195	480.93
Employee-Spouse	652.70	195	457.70	822.20	195	627.20	766.39	195	571.39
Family	935.50	195	740.50	1177.28	195	982.28	1078.00	195	883.00
Option 2									
Employee	288.72	195	93.72	363.01	195	168.01	334.06	195	139.06
Employee-Children	557.59	195	362.59	700.00	195	505.00	630.00	195	435.00
Employee-Spouse	619.83	195	424.83	779.55	195	584.55	717.34	195	522.34
Family	888.74	195	693.74	1116.60	195	921.60	1004.39	195	809.39
Option 3									
Employee							300.51	195	105.51
Employee-Children							566.63	195	371.63
Employee-Spouse							645.19	195	450.19
Family							902.86	195	707.86

Major Coverage Differences

Current Plan	AffordaBlue
2 Options Option 1 – Deductible: \$500 single/\$1000 for 2 or more family members Max out-of-pocket : \$1500/\$3000 Option 2 - Deductible: \$1000 single/\$2000 for 2 or more family members Max out-of-pocket : \$2000/\$4000	3 Options Option 1 – Deductible: \$500 single/\$1500 for 3 or more family members Max out-of-pocket : \$1500/\$4500 Option 2 - Deductible: \$1000 single/\$3000 for 3 or more family members Max out-of-pocket : \$2000/\$6000 Option 3 - Deductible: \$2000 single/\$6000 for 3 or more family members Max out-of-pocket : \$3000/\$9000
\$20 Office Co-pay – No yearly maximum	\$25 Office Co-pay – Maximum of 5 visits per person (15 maximum for 3 or more persons). Balance subject to deductible/coinsurance.
Accidents covered at 100%	Accidents subject to \$50 co-pay at initial outpatient visit (doctor or emergency room) within 60 days of injury. If admitted to the same hospital within 24 hours of initial outpatient visit, the \$50 copay is waived and all services would then be subject to deductible and coinsurance. Any follow-up visits will be subject to the office visit copay.