

**Comparison of BC/BS Plan Rates
(Teachers)**

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	187.24	356.88	195	161.88
Employee-Children	586.80	245	341.80	737.89	245	492.89	675.93	245	430.93
Employee-Spouse	652.70	245	407.70	822.20	245	577.20	766.39	245	521.39
Family	935.50	295	640.50	1177.28	295	882.28	1078.00	295	783.00
Option 2									
Employee	288.72	195	93.72	363.01	195	168.01	334.06	195	139.06
Employee-Children	557.59	245	312.59	700.00	245	455.00	630.00	245	385.00
Employee-Spouse	619.83	245	374.83	779.55	245	534.55	717.34	245	472.34
Family	888.74	295	593.74	1116.60	295	821.60	1004.39	295	709.39
Option 3									
Employee							300.51	195	105.51
Employee-Children							566.63	245	321.63
Employee-Spouse							645.19	245	400.19
Family							902.86	295	607.86

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.