Baker County Public Schools

AGENDA
WORK SESSION (OPEN TO THE PUBLIC)
Friday, May 10, 2024 - 12:00 PM
District Board Room (270 South Boulevard East, Macclenny, Florida 32063)
Minute Book #40 / Supplemental Book #52 / Page #17

"The Vision of the Baker County School Board is to prepare individuals to be lifelong learners, self-sufficient and responsible citizens of good character."

SCHOOL BOARD WORK SESSION

Work Session on 2024-2025 Insurance Committee Recommended Insurance Options.

NOTICE: Any person who desires to appeal any decision made by the School Board with respect to any matter considered at the above mentioned meeting will need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which an appeal may be based.

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WORK SESSION (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 10, 2024
SUBMITTED BY:	Thomas Hill - (259-0429)
ITEM TYPE:	Work Session
AGENDA SECTION:	SCHOOL BOARD WORK SESSION
SUBJECT:	Work Session on 2024-2025 Insurance Committee Recommended Insurance Options.

ATTACHMENTS:
05.10.2024.Insurance Work Session_T.Hill.pdf

Medical - Renewal

Baker County School District
10/1/2024

	FloridaBlue			
	BlueOptions PPO 5774	BlueCare HMO 62	BlueOptions PPO 5301	BlueCare HMO (HSA) 128/29
	Final Revised Renewal			
IN NETWORK				
Deductible (CYD): (Ind / Fam)	$3,000/$9,000	$6,350/$12,700	$2,500/$7,500	$2,500/$5,000
Deductible Applies to OOP Max?	Yes	Yes	Yes	Yes
Coinsurance: Carrier / Member	80%/20%	100%/0%	70%/30%	80%/20%
Physician Services: PCP / Specialist	$40/$100	$35/$65	$25/$45	PYD+20%
Telemedicine / Virtual Visits				
Inpatient Hospital Services	$500 PAD+PYD+20%	PYD	PYD+30%	PYD+20%
Provider Services in Hospital and ER	PYD+20%	$0	PYD+30%	PYD+20%
Independent Diagnostic Lab/X-Ray/AIS	$0/$50/$400	$0/$65/PYD	$0/PYD+30%	PYD+20%
Outpatient Surgery and Services	PYD+20%	PYD	PYD+30%	PYD+20%
Emergency Room Services	$400	$300	$300	PYD+20%
Urgent Care Services	$100	$100	$50	PYD+20%
Prescription Drugs - Generic	$10	$10	$10	PYD then $10
Prescription Drugs - Brand	$60	$50	Not Covered	PYD then $50
Prescription Drugs - Specialty	$100	$80	Not Covered	PYD then $80
Prescription Drugs - 90-day Mail Order	2.5x copay	2.5x copay	2.5x copay	2.5x copay
Mental Health (Inpatient / Outpatient)	$0	$0	$0	PYD+20%
Out of Pocket Maximum (Ind / Fam)	$6,350 / $12,700	$6,350 / $12,700	$6,350 / $12,700	$5,000;$6,850 / $10,000
OUT OF NETWORK				
Deductible (Individual / Family)	$6,000/$18,000		$5,000/$15,000	
Coinsurance: Carrier / Member	50%/50%	No Out-of-Network	50%/50%	No Out-of-Network
Inpatient Hospital Services	PYD+50%	Benefits - except true	PYD+50%	Benefits - except true
Outpatient Surgery	PYD+50%	emergencies	PYD+50%	emergencies
Out of Pocket Maximum (Ind / Fam)	$15,000/$30,000		$13,000/$26,000	
Meets Min Value and MEC?				
RATING ANALYSIS	**EEs**	**EEs**	**EEs**	**EEs**
Employee Only	20 $1,053.62	29 $954.82	59 $906.84	113 $727.16
Employee + Spouse	4 $1,898.34	4 $1,720.30	12 $1,633.88	20 $1,310.04
Employee + Child(ren)	1 $1,728.68	8 $1,566.56	14 $1,487.86	10 $1,193.02
Full Family	2 $2,505.70	5 $2,270.70	15 $2,156.60	23 $1,729.26
Total Monthly Premium	**27 $380,225.02**	**46**	**100**	**166**
Total Annual Premium	**$4,562,700.24**			
Gross Increase/Decrease from Current	9.5%			
PREMIUM SHARING				
Company's Share (monthly)				
Employee Only	20 $535.02	29 $535.02	59 $535.02	113 $563.56
Employee + Spouse	4 $688.86	4 $688.86	12 $688.86	20 $688.86
Employee + Child(ren)	1 $657.36	8 $657.36	14 $657.36	10 $657.36
Full Family	2 $802.20	5 $802.20	15 $802.20	23 $802.20
Employee's Share (monthly)				
Employee Only - Affordable @ $163.6	20 $518.60	29 $419.80	59 $371.82	113 $163.60
Employee + Spouse	4 $1,209.48	4 $1,031.44	12 $945.02	20 $621.18
Employee + Child(ren)	1 $1,071.32	8 $909.20	14 $830.50	10 $535.66
Full Family	2 $1,703.50	5 $1,468.50	15 $1,354.40	23 $927.06

Medical MOO

Baker County School District
10/1/2024

	FloridaBlue			
	BlueOptions PPO 5774	BlueCare HMO 62	BlueOptions PPO 5301	BlueCare HMO (HSA) 134/35
	Alternate FloridaBlue Plans 2			
IN NETWORK				
Deductible (CYD): (Ind / Fam)	$3,000/$9,000	$6,350/$12,700	$2,500/$7,500	**$3,500/$7,000**
Deductible Applies to OOP Max?	Yes	Yes	Yes	Yes
Coinsurance: Carrier / Member	80%/20%	100%/0%	70%/30%	80%/20%
Physician Services: PCP / Specialist	$40/$100	$35/$65	$25/$45	**PYD+$30/PYD+$75**
Telemedicine / Virtual Visits	$500			PYD
Inpatient Hospital Services	PAD+PYD+20%	PYD	PYD+30%	PYD+20%
Provider Services in Hospital and ER	PYD+20%	$0	PYD+30%	PYD+20%
Independent Diagnostic Lab/X-Ray/AIS	$0/$50/$400	$0/$65/PYD	$0/PYD+30%	PYD+20%
Outpatient Surgery and Services	PYD+20%	PYD	PYD+30%	PYD+20%
Emergency Room Services	$400	$300	$300	**PYD+$350**
Urgent Care Services	$100	$100	$50	**PYD+$100**
Prescription Drugs - Generic	$10	$10	$10	PYD then $10
Prescription Drugs - Brand	$60	$50	Not Covered	PYD then $50
Prescription Drugs - Specialty	$100	$80	Not Covered	PYD then $80
Prescription Drugs - 90 day Mail Order	2.5x copay	2.5x copay	2.5x copay	2.5x copay
Mental Health (Inpatient / Outpatient)	$0	$0	$0	PYD+20%
Out of Pocket Maximum (Ind / Fam)	$6,350 / $12,700	$6,350 / $12,700	$6,350 / $12,700	**$6,850 / $7,000;$14,000**
OUT OF NETWORK				
Deductible (Individual / Family)	$6,000/$18,000		$5,000/$15,000	
Coinsurance: Carrier / Member	50%/50%		50%/50%	
Inpatient Hospital Services	PYD+50%	No Out-of-Network Benefits - except true emergencies	PYD+50%	No Out-of-Network Benefits - except true emergencies
Outpatient Surgery	PYD+50%		PYD+50%	
Out of Pocket Maximum (Ind / Fam)	$15,000/$30,000		$13,000/$26,000	
Meets Min Value and MEC?				

RATING ANALYSIS	**EEs**		**EEs**		**EEs**		**EEs**	
Employee Only	20	$1,053.62	29	$954.82	59	$906.84	113	$668.72
Employee + Spouse	4	$1,898.34	4	$1,720.30	12	$1,633.88	20	$1,204.78
Employee + Child(ren)	1	$1,728.68	8	$1,566.56	14	$1,487.86	10	$1,097.16
Full Family	2	$2,505.70	5	$2,270.70	15	$2,156.60	23	$1,590.30
Total Monthly Premium	**27**	**$367,361.42**	**46**		**100**		**166**	
Total Annual Premium		**$4,408,337.04**						
Gross Increase/Decrease from Current		6%						
PREMIUM SHARING								
Company's Share (monthly)								
Employee Only	20	$535.02	29	$535.02	59	$535.02	113	$535.02
Employee + Spouse	4	$688.86	4	$688.86	12	$688.86	20	$688.86
Employee + Child(ren)	1	$657.36	8	$657.36	14	$657.36	10	$657.36
Full Family	2	$802.20	5	$802.20	15	$802.20	23	$802.20
Employee's Share (monthly)								
Employee Only - Affordable @ $163.6	20	$518.60	29	$419.80	59	$371.82	113	$133.70
Employee + Spouse	4	$1,209.48	4	$1,031.44	12	$945.02	20	$515.92
Employee + Child(ren)	1	$1,071.32	8	$909.20	14	$830.50	10	$439.80
Full Family	2	$1,703.50	5	$1,468.50	15	$1,354.40	23	$788.10