

# BPS - 2025 Contribution Modeling

## SIAC Plan Recommendation: Alternative #9 Increase Percentage to Employees

Medical Plan	Tier	2024 Enrolled	2024 Total Rate	2024 Employee Contribution	2024 Employer Contribution	2024 EE %	2024 ER %	2025 Enrolled	Projected 2025 Total Rate	2025 Employee Contribution	2025 Employer Contribution	2025 EE %	2025 ER %	% Increase			\$ Increase			Annual Impact to EE	Average Annual Salary \$/K	Increase as a % of Avg. Salary	
														Total Rate Increase %	EE Increase %	BPS Increase %	Total Rate Increase \$	EE Increase \$	ER Increase \$				
Gold Plan	Employee	2,084	\$ 857,119	\$ 149,246	\$ 707,933	17%	83%	2,084	\$ 936,900	\$ 164,119	\$ 772,722	18%	82%	9.3%	10.0%	9.2%	\$ 79,772	\$ 14,933	\$ 64,799	\$ 179,111	\$ 40,000	0.4%	
	EE-Spouse	189	\$ 1,921,077	\$ 606,433	\$ 1,314,644	32%	68%	189	\$ 2,099,233	\$ 667,077	\$ 1,432,666	32%	69%	9.3%	10.0%	9.0%	\$ 178,666	\$ 60,644	\$ 118,022	\$ 727,222	\$ 40,000	1.8%	
	EE-Child(ren)	723	\$ 1,549,134	\$ 388,311	\$ 1,190,833	25%	77%	723	\$ 1,693,211	\$ 394,144	\$ 1,299,077	25%	77%	9.3%	10.0%	9.1%	\$ 144,077	\$ 35,833	\$ 108,244	\$ 429,977	\$ 40,000	1.1%	
	Family	326	\$ 2,592,931	\$ 742,199	\$ 1,850,722	29%	71%	326	\$ 2,834,055	\$ 816,441	\$ 2,017,644	29%	71%	9.3%	10.0%	9.0%	\$ 241,144	\$ 74,222	\$ 166,922	\$ 890,633	\$ 40,000	2.2%	
	Total	3,372																					
Silver Plan	Employee	1,770	\$ 822,288	\$ 110,533	\$ 711,755	13%	87%	1,770	\$ 888,276	\$ 116,066	\$ 782,270	13%	87%	9.3%	5.0%	10.0%	\$ 76,477	\$ 5,533	\$ 70,955	\$ 66,322	\$ 40,000	0.2%	
	EE-Spouse	145	\$ 1,813,655	\$ 523,277	\$ 1,289,888	29%	71%	145	\$ 1,982,232	\$ 549,966	\$ 1,432,266	28%	72%	9.3%	5.0%	11.0%	\$ 168,677	\$ 26,199	\$ 142,488	\$ 314,266	\$ 40,000	0.8%	
	EE-Child(ren)	471	\$ 1,482,011	\$ 307,288	\$ 1,174,723	21%	79%	471	\$ 1,619,633	\$ 322,644	\$ 1,297,199	20%	80%	9.3%	5.0%	10.4%	\$ 137,633	\$ 15,366	\$ 122,266	\$ 184,377	\$ 40,000	0.5%	
	Family	222	\$ 2,472,066	\$ 641,333	\$ 1,830,733	26%	74%	222	\$ 2,701,566	\$ 673,400	\$ 2,028,577	25%	75%	9.3%	5.0%	10.8%	\$ 229,900	\$ 32,077	\$ 197,844	\$ 384,800	\$ 40,000	1.0%	
	Total	2,613						2,613															
	Annual Total	5,985	\$ 86,664,299	\$ 18,308,283	\$ 68,356,017	21%	79%	5,985	\$ 94,724,029	\$ 19,801,974	\$ 74,922,105	21%	79%										
	Change \$								\$ 8,059,780	\$ 1,493,681	\$ 6,566,089												
	Change %								9.3%	8.2%	9.6%												

Shared partially between BPS and Employees

9.3%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

10.0%

Breward Public Schools  
Cigna Medical Plans

General Plan Information	Current				Alternative # 9 (FINAL) - Eliminate 1/2 Wellness, Eliminate Cross-Accumulation on Silver, Gold Plan Deductible, OOPM, and Copay Changes; Silver Plan Deductible, OOPM, and Copay Changes			
	Gold 2024	Out-of-Network	Silver 2024	Schedule 2	Gold 2025	Out-of-Network	Silver 2024	Schedule 2
Annual Deductible								
Wellness (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$750 / \$1,500	\$1,250 / \$2,500	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$5,000 / \$10,000
1/2 Wellness (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,250 / \$2,500	\$2,250 / \$4,500	\$3,000 / \$6,000	\$14,000 / \$28,000	\$2,000 / \$4,000	\$9,400 / \$18,800
Non-Wellness (Individual / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,750 / \$3,500	\$3,250 / \$6,500	\$3,000 / \$6,000	\$14,000 / \$28,000	\$2,000 / \$4,000	\$9,400 / \$18,800
Annual Out-of-Pocket Maximum	\$5,500 / \$11,000	\$12,500 / \$25,000	\$4,500 / \$9,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$28,000	\$2,000 / \$4,000	\$18,800
Medical (Individual / Family)	\$3,200 / \$6,400	N/A	\$2,200 / \$4,400	\$4,500 / \$9,000	\$2,000 / \$4,000	Not Covered	\$2,200 / \$4,400	Not Covered
Pharmacy (Individual / Family)	20%	50%	20%	40%	20%	50%	20%	50%
Insurance								
Office Visits								
GP/Non-Physician Wellness Clinic	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Physician Office Visit/Exam	Tier 1+: \$30 Non-Tier 1+: \$45	50% AD	\$30 copay	40% AD	Tier 1+: \$30 Non-Tier 1+: \$45	50% AD	\$30 copay	50% AD
Outpatient Specialist Visit	Tier 1+: \$30 Non-Tier 1+: \$75	50% AD	\$50 copay	40% AD	Tier 1+: \$30 Non-Tier 1+: \$75	50% AD	\$50 copay	50% AD
Telerecursive Visit	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Preventive Services	No Charge	50% AD	No Charge	No Charge	No Charge	50% AD	No Charge	No Charge
Inpatient Hospital Services								
Inpatient Hospitalization	\$900, then 20% AD	50% AD	\$600, then 20% AD	40% AD	20% AD	50% AD	\$600, then 20% AD	50% AD
Lab & X-Ray	No Charge	50% AD	No Charge	40% AD	No Charge	50% AD	No Charge	50% AD
Advanced Radiology Imaging	20% AD	50% AD	Free standing: \$125 per type of scan	40% AD	20% AD	50% AD	Free standing: \$125 per type of scan	50% AD
Emergency Services								
Urgent Care Facility	\$75 copay	\$75 copay	\$50 copay	\$50 copay	\$75 copay	\$75 copay	\$50 copay	\$50 copay
Emergency Room	\$450 copay, plus 20% AD	\$450 copay, plus 20% AD	\$300 copay, plus 20% AD	\$300 copay, plus 20% AD	\$75 copay, plus 20% AD	\$300 copay, plus 20% AD	\$300 copay, plus 20% AD	\$300 copay, plus 20% AD
Copay/Deductible Waived If Admitted	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mental/Behavioral Health, Substance Abuse Services	\$300 per admit/copy then 20% AD	50% AD	\$600 per admit/copy then 20% AD	40% AD	20% AD	50% AD	\$600 per admit/copy then 20% AD	50% AD
Inpatient Services	** \$30 copay	50% AD	\$30 copay	40% AD	\$30 copay	50% AD	\$30 copay	50% AD
Outpatient Services								
Prescription Drug Benefits								
Retail Pharmacy (30-day supply)	\$20/\$50/\$150	Not Covered	\$20/\$50/\$150	Not Covered	\$20/\$50/\$150	Not Covered	\$20/\$50/\$150	Not Covered
Generic / Preferred Brand/Non-Preferred Brand	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered
Retail Pharmacy (90-day supply)	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered
Generic / Preferred Brand/Non-Preferred Brand	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered
Mail Order Pharmacy (90-day supply)								
Generic / Preferred Brand/Non-Preferred Brand	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered	\$60/\$150/\$450	Not Covered