

Medical Renewal | Madison School District

Renewal Period: 01/01/2024 - 12/31/2024

CURRENT/RENEWAL PLAN	
007040390-0000	
Simply Blue HSA PPO 2000	
In Network	Out of Network
Aggregate	Aggregate
\$2000/4000	\$4000/8000
100%	80/20%
N/A	N/A
\$3000/6000	\$6000/12,000
Subject to ded./coins.	
Subject to ded./coins.	
Subject to ded./coins.;	
12 visits max.	
(combined therapies)	
Subject to ded./coins.	
Subject to ded./coins.	
Subject to deductible, then:	
\$10 Generic/	
\$40 Preferred Brand/	
\$80 Nonpreferred Brand/	
Mail Order 3x less \$10	

HSA Maximum Contribution
2023: \$3,850 Indiv./
\$7,750 Family
2024: \$4,150 Indiv./
\$8,300 Family
Catch up: Age 55+ :
\$1,000

Embedded or Aggregate Deductible:
Deductible:
Coinsurance:
Coinsurance Maximum:
Out of Pocket Maximum:¹
Office Visit Copay:
Specialist Office Visit Copay:
Chiropractic Office Visit Copay:
Urgent Care Copay:
Emergency Room Copay:

Prescription Drug Benefit:³

Medical, Rx	Current Rates ²	Renewal Rates ²	% Difference
Single	\$580.35	\$623.49	7.43%
Two Person	\$1,392.84	\$1,496.39	7.43%
Family	\$1,741.05	\$1,870.48	7.43%
Enrolled Employees			
Monthly Cost			
Premium	\$9,749.88	\$10,474.69	
Total Monthly Cost	\$9,749.88	\$10,474.69	
Annual Cost			
Premium	\$116,998.56	\$125,696.28	7.43%
Total Annual Cost	\$116,998.56	\$125,696.28	
Difference		\$8,697.72	7.43%

A.M.Best Rating: A (Excellent)
¹ Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.
² Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).
³ Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

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Renewal Period: 01/01/2024 - 12/31/2024

Embedded or Aggregate Deductible:	
Deductible:	
Coinurance:	
Coinurance Maximum:	
Out of Pocket Maximum: ¹	
Office Visit Copay:	
Specialist Office Visit Copay:	
Chiropractic Office Visit Copay:	
Urgent Care Copay:	
Emergency Room Copay:	

CURRENT PLAN	
007040390-0001	
Simply Blue HSA PPO 3000	
In Network	Out of Network
Embedded	Embedded
\$3,000/6,000	\$6,000/12,000
100%	80/20%
N/A	N/A
\$6,900/13,800	\$13,800/27,600
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.;	Subject to ded./coins.;
12 visits max.	12 visits max.
(combined therapies)	(combined therapies)
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.	Subject to ded./coins.

RENEWAL PLAN	
007040390-0001	
Simple Blue HSA PPO 3200	
In Network	Out of Network
Embedded	Embedded
\$3,200/6,400	\$6,400/12,800
100%	80/20%
N/A	N/A
\$6,900/13,800	\$13,800/27,600
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.;	Subject to ded./coins.;
12 visits max.	12 visits max.
(combined therapies)	(combined therapies)
Subject to ded./coins.	Subject to ded./coins.
Subject to ded./coins.	Subject to ded./coins.

HSA Maximum Contribution	
2023: \$3,850 Indiv./	
\$7,750 Family	
2024: \$4,150 Indiv./	
\$8,300 Family	
Catch up: Age 55+ :	
\$1,000	

Prescription Drug Benefit: ³

Subject to deductible, then:
\$10 Generic/
\$40 Preferred Brand/
\$80 Nonpreferred Brand/
Mail Order 3x less \$10

Subject to deductible, then:
\$10 Generic/
\$40 Preferred Brand/
\$80 Nonpreferred Brand/
Mail Order 3x less \$10

Medical, Rx	
Single	
Two Person	
Family	
Enrolled Employees	
Monthly Cost	
Premium	
Total Monthly Cost	
Annual Cost	
Premium	
Total Annual Cost	
Difference	

Current Rates ⁴	Renewal Rates ⁴
1	\$536.48
5	\$1,287.56
8	\$1,609.45
14	
	\$19,849.88
	\$19,849.88
	\$238,198.56
	\$238,198.56
	\$13,263.84

Current Rates ⁴	Renewal Rates ⁴
\$506.62	\$536.48
\$1,215.86	\$1,287.56
\$1,519.83	\$1,609.45
\$18,744.56	\$19,849.88
\$18,744.56	\$19,849.88
\$224,934.72	\$238,198.56
\$224,934.72	\$238,198.56
	\$13,263.84

% Difference
5.89%
5.90%
5.90%
5.90%
5.90%

A.M. Best Rating: A (Excellent)
¹ Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.
² Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).
³ Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.