2023 BLUE CROSS & BLUE SHIELD ANNUAL HEALTH INSURANCE RENEWAL

The table below show the premium cost for health insurance for calendar year 2023. Included in the table is the premium cost for calendar year 2022 for comparison.

The **BCBS Gold CDHP (H.S.A)** plan had a premium increase of **11.59%** and the **BCBS Platinum** plan had a premium increase of **11.31%**.

					N	lonthly			Change in	
				Premium				Annual		
			CY22	CY23 Char		hange CY22		CY23	Premium	% Change
		Ν	/lonthly	Monthly	hly from CY22		Annual	Annual	CY22 to	from CY22 to
GOLD CDHP		Ρ	remium	Premium	to CY23		Premium	Premium	CY23	CY23
Sir	ngle	\$ 723.92		\$ 807.84	\$	83.92	\$ 8,687.04	\$ 9,694.08	\$ 1,007.04	11.59%
Тм	vo Person	\$ 1,447.84		\$1,615.68	\$	167.84	\$17,374.08	\$19,388.16	\$ 2,014.08	11.59%
Pa	arent/Child	\$ 1,397.17		\$1,559.13	\$	161.96	\$16,766.04	\$18,709.56	\$ 1,943.52	11.59%
Fa	mily	\$	2,034.22	\$2,270.03	\$	235.81	\$24,410.64	\$27,240.36	\$ 2,829.72	11.59%

							onthly mium							
		CY2	2	СҮ23		Change		CY22	СҮ23		ange in	% Ch	ange	
		Мо	nthly	Monthly		from CY22		om CY22 Annual		Annual Annu		nual from C		
PLATINUM		Premium		Pre	emium	to CY23		to CY23		Premium	Premium Premium		CY23	
	Single	\$	882.05	\$	994.55	\$	112.50	\$10,584.60	\$11,934.60	\$	1,350.00		11.31%	
	Two Person	\$	1,764.10	\$1	L,989.10	\$	225.00	\$21,169.20	\$23,869.20	\$	2,700.00		11.31%	
	Parent/Child	\$	1,702.36	\$1	L,919.48	\$	217.12	\$20,428.32	\$23,033.76	\$	2,605.44		11.31%	
	Family	\$	2,478.56	\$2	2,794.69	\$	316.13	\$29,742.72	\$33,536.28	\$	3,793.56		11.31%	

The BCBS Gold CDHP Plan Changes are

- Deductible increase from \$2,550 Single and \$5,100 for two person, parent/child or family in 2022 to \$2,675 single and \$5,350 for two person, parent/child or family 2023.
- The out of pocket maximum for pharmacy was \$1,400 in 2022. For 2023 that increased to \$1,500

The BCBS Platinum Plan Changes are

• Deductible increased from \$400 single or \$800 for two person, parent/child or family in 2022 to \$425 single to \$850 for two person, parent/child or family in 2023.

• Out of pocket maximum was \$1,400 single and \$2,800 for two person, parent/child or family in 2022 to \$1,500 single to \$3,000 for two person, parent/child or family in 2023.

The table listed below show the employee weekly contribution amounts towards premium based on the health insurance plan. The two plans are BCBS Gold CDHP (H.S.A.) or the BCBS Platinum plan.

• **F.O.P. (Police)** (8.5% employee contribution for Gold CDHP and 18.5% employee contribution for Platinum)

There are two (2) charts. One chart is for the GOLD CDHP (H.S.A.) plan and the other is for the BCBS Platinum.

POLICE (F.O.P)

BCBS Gold CDHP (H.S.A) 8.5%

	Employee Weekly Premium Contribution		Employee Weekly Premium Contribution
Single	\$15.85	Single	\$42.46
Two Person	\$31.69	Two Person	\$84.92
Parent/Child	\$30.58	Parent/Child	\$81.95
Family	\$44.53	Family	\$119.31

BCBS Platinum 18.5%

The chart below is for staff that wants to remain or anticipates a change to the BCBS Gold CDHP (H.S.A) plan for 2023.

- The City contribution may vary depending on the start date of employment or some of the Unions have different agreements. If you are unsure what the City contribution is for you please contact Rikk Taft.
- The chart will show you the amount fully fund your deductible (recommended Contribution)
- The IRS maximum contribution **under** the age of 55 years old is \$3,850 single or \$7,750 for Two person, Parent/child or family.
- The IRS maximum contribution **over** the age of 55 years old is \$4,850 single or \$8,750 for Two person, Parent/child or family.
- **IMPORTANT NOTE:** If you intend to max out your H.S.A. it is recommended that you round down to the nearest dollar to ensure that you do not go over the maximum contribution allowed.

											2023			
								2023	2023 *Weekly		Amount	*Weekly		
								Amount	Amount To		Needed to	Amount To		
							2023 IRS	Needed to	max out	2023 IRS	Max Out		max out	
							Max H.S.A.	Max Out	H.S.A.	Max H.S.A.	H.S.A.	H	I.S.A.	
			City	Amount to	Weekly		Contributi	H.S.A.	Contributi	Contributio	Contributi Con		ntributi	
	CY22	CY23	Contributi	fully Fund	y Fund Amount to		on Under	Contributi	on Under	n Over 55	on Over 55	on	Over 55	
	Deductible	Deductible	on to H.S.A	deductible	Fully Fund		55 Y/O	on	55 Y/O	Y/O	Y/O		Y/O	
Single	\$ 2,550.00	\$ 2,675.00	\$1,800.00	\$ 875.00	\$	16.83	\$ 3,850.00	\$2,050.00	\$ 39.42	\$ 4,850.00	\$3,050.00	\$	58.65	
Two Person	\$ 5,100.00	\$ 5,350.00	\$1,800.00	\$3,550.00	\$	68.27	\$ 7,750.00	\$5,950.00	\$ 114.42	\$ 8,750.00	\$6,950.00	\$	133.65	
Parent/Child	\$ 5,100.00	\$ 5,350.00	\$1,800.00	\$3,550.00	\$	68.27	\$ 7,750.00	\$5,950.00	\$ 114.42	\$ 8,750.00	\$6,950.00	\$	133.65	
Family	\$ 5,100.00	\$ 5,350.00	\$2,250.00	\$3,100.00	\$	59.62	\$ 7,750.00	\$5,500.00	\$ 105.77	\$ 8,750.00	\$6,500.00	\$	125.00	

If you would like to make a plan change for January 1, 2023, I have attached a new enrollment form please fill out the form and return it to Rikk Taft.

I have also included the Declaration of Health Care form for you to complete. Please return this to Rikk Taft prior to December 16, 2022.

If you are unsure about any of this information or would like to discuss the plans in more detail, please reach out to Rikk Taft at 802-793-0789.