

# Flathead Reservation Water Managment Board

## Group Major Medical Plan Analysis

Effective February 1, 2025

	Current Carrier	Renewal Carrier	Option Carrier	Option Carrier	Current Carrier	Renewal Carrier	Option Carrier	
	BCBS-G331 (Gold 107)	BCBS-G331 (Gold 107)	PacificSource-Gold 1000	PacificSource-Gold 2000	BCBS-G6E1 (Gold 135)	BCBS-G6E1 (Gold 135)	PacificSource-Gold HSA 3400	
<b>BENEFITS</b>								
<b>Provider Network</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
Name of Network	BCBS	BCBS	Navigator	Navigator	BCBS	BCBS	Navigator	
<b>Deductible</b>								
Individual	\$1,500	\$1,600	\$1,000	\$2,000	\$3,300	\$3,300	\$3,400	
Family	\$3,000	\$3,200	\$2,000	\$4,000	\$6,600	\$6,600	\$6,800	
<b>Coinsurance</b>								
Plan Pays/Member Pays	80/20	80/20	70/30	70/30	100	100	100/0	
<b>Out-of-Pocket Maximum</b>								
Individual	\$6,500	\$6,600	\$6,500	\$6,500	\$3,300	\$3,300	\$3,400	
Family	\$13,000	\$13,200	\$1,300	\$13,000	\$6,600	\$6,600	\$6,800	
Deductible included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Routine Services</b>								
Adult Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Well Baby Care								
Office Visit	\$35 / \$65	\$40 / \$75	\$30 / \$60	\$30 / \$60	Deductible Applies	Deductible Applies	Deductible Applies	
Emergency Room Care	Deductible Applies	Deductible Applies	\$250 + Deductible/co-insurance	\$250 + Deductible/co-insurance	Deductible Applies	Deductible Applies	Deductible Applies	
Urgent Care	\$50	\$50	\$30 / \$60	\$30 / \$60	Deductible Applies	Deductible Applies	Deductible Applies	
Chiropractic	Deductible Applies / 10 visit max per year	Deductible Applies / 10 visit max per year	\$30	\$30	Deductible Applies	Deductible Applies		
<b>Prescription Drugs</b>								
Deductible					Deductible Applies	Deductible Applies	Deductible Applies	
Out of Pocket Maximum								
Tier 1	\$5 / \$15	\$15 / \$25	\$10	\$10				
Tier 2	\$15 / \$25	\$25 / \$35	\$35	\$35				
Tier 3	\$60 / \$80	\$60 / \$80	\$60	\$60				
Tier 4	\$150 / \$170	\$150 / \$170	\$250	\$250				
Specialty	\$250 / \$350	\$250 / \$350						
Mail-Order (90 Day Supply)								
<b>RATES</b>								
<b>Employee</b>	Coverage							
Botten, Rhonda	E	\$677.72	\$747.75	\$821.80	\$773.28	\$674.44	\$754.14	\$712.30
Brooks, Christy	E	\$677.72	\$747.75	\$821.80	\$773.28	\$674.44	\$754.14	\$712.30
Frakes, Jameson	E	\$677.72	\$747.75	\$821.80	\$773.28	\$674.44	\$754.14	\$712.30
Mace, Ethan	E/F	\$2,100.93	\$2,318.03	\$2,547.59	\$2,397.16	\$2,090.76	\$2,337.83	\$2,208.11
Mace, Susan								
Mace, Sadie								
Mace, Max								
<b>Estimated Total Monthly Premium</b>		\$4,134.09	\$4,561.28	\$5,012.99	\$4,717.00	\$4,114.08	\$4,600.25	\$4,345.01
<b>Estimated Annual Premium</b>		\$49,009.08	\$54,735.36	\$60,155.88	\$56,604.00	\$49,368.96	\$55,203.00	\$52,140.12

All data are representations and not guarantees. Rates may vary upon final enrollment.