



Putnam County 7.1.26

Carrier	BCBS Current vs. Renewal									CIE rates effective 10.1.2025 - 9.30.26				CIE rates effective 10.1.2026 - 9.30.27			
Plan Name	MIBCO2046			MIBCO2056			MICOE3016			MIBCO4075 w/ MedPlus \$1,000 Deductible	MICOE3016	MIBCO4075 w/ MedPlus \$1,000 Deductible	MICOE3016				
Network Name	Blue Choice Options			Blue Choice Options			Blue Choice Options			Blue Choice Options		Blue Choice Options					
In-Network Benefits	Your In-Network Cost (Tier 1)			Your In-Network Cost (Tier 1)			Your In-Network Cost (Tier 1)			Your In-Network Cost (Tier 1)		Your In-Network Cost (Tier 1)					
Deductible (Individual / Family)	\$1,500 / \$4,500			\$4,250 / \$10,500			\$6,000 / \$12,000			\$1,000 / \$2,000		\$6,000 / \$12,000					
Coinsurance Amount	10%			20%			20%			20%		20%					
Out-of-Pocket Max (Individual / Family)	\$3,500 / \$10,500			\$6,100 / \$12,200			\$7,000 / \$14,000			\$3,700 / \$7,400		\$7,000 / \$14,000					
Preventive Coverage	Covered 100%, no deductible			Covered 100%, no deductible			Covered 100%, no deductible			Covered 100%, no deductible		Covered 100%, no deductible					
Office Visit Copays (PCP/Spec)	\$40 / \$70			\$45 / \$75			Deductible then coinsurance			\$45 / \$70		Deductible then coinsurance					
Emergency Room Copay	\$500 + deductible/coinsurance			\$600 + deductible/coinsurance			Deductible then coinsurance			\$500 + deductible/coinsurance		Deductible then coinsurance					
Urgent Care Copay	\$75			\$75			Deductible then coinsurance			\$75		Deductible then coinsurance					
Lab / X-Rays	Deductible then coinsurance			Deductible then coinsurance			Deductible then coinsurance			PCP: \$45, Spec: \$70		Deductible then coinsurance					
Major Diagnostic	Deductible then coinsurance			Deductible then coinsurance			Deductible then coinsurance			Deductible then coinsurance		Deductible then coinsurance					
Inpatient Services	\$350 + deductible/coinsurance			\$350 + deductible/coinsurance			Deductible then coinsurance			\$200 + deductible/coinsurance		Deductible then coinsurance					
Outpatient Services	\$300 + deductible/coinsurance			\$300 + deductible/coinsurance			Deductible then coinsurance			\$250 + deductible/coinsurance		Deductible then coinsurance					
Prescription Drugs Co-Pay (Preferred Pharmacy)	\$5/15/45/85/250/350			\$5/15/45/85/250/350			Ded then 10%/10%/20%/30%/40%/50%			\$5/15/45/85/250/350		Ded then 10%/10%/20%/30%/40%/50%					
Health Premium	Participants	Current	Renewal w. 1.5% Ancillary Discount	Participants	Current	Renewal w. 1.5% Ancillary Discount	Participants	Current	Renewal w. 1.5% Ancillary Discount	Trust Rates	Premium	Projected Trust Rates	Projected Trust Rates				
Employee Only	45	\$882.85	\$1,007.22	22	\$815.27	\$914.11	5	\$633.45	\$727.26	\$762.00	\$618.18	\$867.48	\$709.35				
Employee + Spouse	0	\$1,697.12	\$1,980.61	1	\$1,567.21	\$1,797.52	1	\$1,217.70	\$1,430.09	\$1,609.00	\$1,299.77	\$1,837.58	\$1,498.13				
Employee + Child(ren)	5	\$1,793.44	\$1,980.35	2	\$1,656.14	\$1,797.29	0	\$1,286.79	\$1,429.91	\$1,485.00	\$1,210.83	\$1,684.58	\$1,382.51				
Employee + Family	5	\$2,607.71	\$2,953.74	2	\$2,408.08	\$2,680.69	1	\$1,871.04	\$2,132.74	\$2,401.00	\$1,953.99	\$2,727.97	\$2,235.85				
Monthly Health Premium	Total	\$61,734.00	\$69,995.43	Total	\$27,631.59	\$30,863.88	Total	\$6,255.99	\$7,199.11	\$87,685.00		\$99,749.54					
Combined Monthly Total - Current										\$95,621.58		\$95,621.58					
Combined Annual Total - Current										\$1,147,458.96		\$1,147,458.96					
Combined Monthly Total - Renewal										\$108,058.42		\$99,749.54					
Combined Annual Total - Renewal										\$1,296,701.04		\$1,196,994.48					
% Change From Current										13.01%		4.32%					
Annual Increase From Current										\$149,242.08		\$49,535.52					
										\$24,288.02	*Includes one time entrance fee	\$49,535.52					
										CIE One Time Entrance Fee = \$119,526.98							

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