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Village of Albion 2025 Benefits Portfolio Comparison (Medical)

BOLD print represent a cost share change

Plan Name	Univera Bronze 3	Univera Bronze 3	Univera Bronze 4	Highmark BCBS Bronze Classic
Plan Type	Qualified HDHP	Qualified HDHP	HDHP	Qualified HDHP
Individual Deductible	\$6,100	\$6,100	\$8,700	\$5,000
Family Deductible	\$12,200	\$12,200	\$17,400	\$10,000
Individual OoP Max	\$7,300	\$7,300	\$8,700	\$9,100
Family OoP Max	\$14,600	\$14,600	\$17,400	\$18,200
Accumulator Type	Aggregate	Aggregate	Embedded	Embedded
PCP Office Visit	25%*	25%*	\$30	\$50*
Specialist Visit	25%*	25%*	0%*	\$75*
Telemedicine (Teladoc)	Covered in Full*	Covered in Full*	Covered in Full	\$0
Hospital Inpatient	25%*	25%*	0%*	50%*
Outpatient Surgery	25%*	25%*	0%*	50%*
Emergency Room Care	25%*	25%*	0%*	50%*
Urgent Care	25%*	25%*	0%*	50%*
Outpatient Mental Health	Covered in Full*	Covered in Full*	Covered in Full	\$0*
Diabetic Supplies (per 30 days)	25%*	25%*	\$30	\$50*
Prescription Coverage	Tier 1/\$10*	Tier 1/\$10*	Tier 1/0%*	Tier 1/\$10*
	Tier 2/\$50*	Tier 2/\$50*	Tier 2/0%*	Tier 2/\$35*
	Tier 3/50%*	Tier 3/50%*	Tier 3/0%*	Tier 3/\$110*
Extra Benefits	Personify Health	Personify Health	Personify Health	Wellness Card for Gym & Blue365
Monthly Premium Information	Current	Renewal	Option 1	Option 2
Single	\$530.03	\$577.29	\$559.83	\$615.12
Subscriber and Spouse	\$1,060.06	\$1,154.58	\$1,119.66	\$1,230.25
Subscriber and Child(ren)	\$901.05	\$981.39	\$951.71	\$1,045.71
Family	\$1,510.59	\$1,645.28	\$1,595.52	\$1,753.10
# of Enrollees				
Single	9	9	9	9
Subscriber and Spouse	4	4	4	4
Subscriber and Child(ren)	6	6	6	6
Family	18	18	18	18
Total Monthly Premium	\$41,607.36	\$45,317.27	\$43,946.66	\$48,287.09
Total Annual Premium	\$499,288.37	\$543,807.18	\$527,359.86	\$579,445.11
Amount & Percentage of Change (Calculated off current rates)		\$44,518.81 8.92%	\$28,071.49 5.62%	\$80,156.73 16.05%

Last Year		Projected 2025/26		Projected for suggested option 2025/26	
2024/25 HRA Spend	2024/25 Total Cost	2025/26 HRA SPEND	2025/26 Total Cost	2025/26 HRA SPEND	2025/26 Total Cost
\$113,009 (20.92%)	\$612,297.50	\$71,175 (15%)	\$614,982.00	\$71,175	\$598,534.86
HRA Spend through June	3 single/4 family plans dropped	\$94,900 (20%)	\$638,707 (4.3% increase)	\$94,900.00	\$622,259.86 (1.6% increase)
		\$118,625 (25%)	\$662,432.00	\$118,625.00	\$645,984.86



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Village of Albion
2025 Benefits Portfolio Comparison (Ancillary)

	Current	Renewal	Option 1
	MetLife Dental	MetLife Dental	Mutual of Omaha
In Network:	PDP Plus	PDP Plus	
Annual Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Calendar Year Max (Per Dependent)	\$1,200	\$1,200	\$1,250
Coverage Type			
Preventative (e.g., cleaning)	100%	100%	100%
Basic (e.g., fillings, extractions)	100%	100%	100%
Major (e.g., crowns, dentures)	60%	60%	60%
Orthodontia	50%	50%	50%
Coverages			
Oral Surgery	100%/60%	100%/60%	100%/60%
Endodontics	100%	100%	100%
Periodontics	100%	100%	100%
Monthly Premium Information			
Subscriber	\$31.11	\$31.11	\$23.87
Family	\$92.74	\$92.74	\$74.60

\$7,382 yearly savings

Recommendation: Move to Mutual of Omaha

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.

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