

Ocean Academy Charter School  
 2016 Phase 2 – Attachment 13b Insurance Coverage

Ocean Academy Charter School					Prepared by Fortitude Insurance Group		
						Direct Access Platinum 100/70 Blue Card	<u>Advantage EPO</u> <u>Gold 100 20/40</u>
Plan 1					SHBP NJ DIRECT 2030	Horizon BCBS	Horizon BCBS
Type of Plan					PPO	Direct Access Platinum 100/70 Blue Card	Advantage EPO Gold 100 20/40
<u>In- Network Benefits</u>					<u>At Participating Horizon BCBS Providers</u>	<u>At Participating Horizon BCBS Providers</u>	<u>At Participating Horizon BCBS Providers</u>
Office Visit Co- Payment					\$20 PCP/\$30 Specialist	\$20 PCP/\$40 Specialist	\$25 PCP/\$45 Specialist
Emergen cy Room Co- Payment					\$125	\$100	\$100
Hospital Co- Payment					\$0	\$250/Day (Maximum 5 Days)	\$500/Day (Maximum 5 Days)
Deductibl e (2x Depende nt)					N/A	N/A	N/A

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Co-Insurance (2x Dependent)				90%	100%	100%	
MOOP (2x Dependents)				\$800 Individual/\$2,000 Family	\$3,000 Individual/\$6,000 Family	\$5,500 Individual/\$11,000 Family	
<u>Out-of-Network Benefits</u>				<u>At Non Participating Horizon Providers</u>	<u>At Non Participating Horizon BCBS Providers</u>	<u>At Non Participating Horizon BCBS Providers</u>	
Deductible (2x Dependent)				\$200 Individual/\$500 Family	\$1,500 Individual/\$3,000 Family	EMERGENCY ONLY	
Co-Insurance (2x Dependent)				70% After Deductible	70% After Annual Upfront Deductible	\$100	
MOOP (2x Dependents)				\$5,480 Individual/\$10,878 Family	\$6,000 Individual/\$12,000 Family		
<u>Pharmacy Benefits</u>				<u>Rx Benefit</u>	<u>Rx Benefit</u>	<u>Rx Benefit</u>	

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Deductible (2x Dependent)				N/A		N/A
Generic Co-Payment				\$3		\$10
Preferred Brand Co-Payment				\$18		\$25
Non-Formulary (Patented Drugs) Co-Payment				\$46		\$50
1	CENSUS INFORMATION			<u>CURRENT</u>	<u>RENEWAL</u>	
Direct 10	15	Single		\$ 793.75	\$ 857.25	MEMBER SPECIFIC RATES
	1	Husband/Wife		\$ 1,587.47	\$ 1,714.47	MEMBER SPECIFIC RATES
	1	Parent/Child(ren)		\$ 1,389.07	\$ 1,500.20	
	2	Family		<u>\$ 2,182.82</u>	<u>\$ 2,357.45</u>	

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	Monthly Premium			\$ 22,820.29	\$ 24,645.91	\$ 15,628.88		\$ 18,002.80	
2	Total Monthly Premium			\$ 22,820.29	\$ 24,645.91	\$ 15,628.88		\$ 18,022.80	
3	Total Annual Premium			\$ 273,843.48	\$ 295,750.96	\$ 187,546.56		\$ 216,273.60	
4	Total Monthly Difference From Current				\$ 1,825.62	\$ (3,619.50)		\$ (1,245.63)	
5	Total Annual Difference From Current				\$ 21,907.48	\$ (43,434.00)		\$ (14,947.56)	
6	% Change from Current				0.00%	-18.80%		-6.47%	
4	Total Monthly Difference From Renewal					\$ (5,159.42)		\$ (2,785.50)	
5	Total Annual Difference From Renewal					\$ (61,913.04)		\$ (33,426.00)	

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6	% Change from Renewal						-31.51%	-13.40%	
7	Renewal Date					January 1, 2016	January 1, 2016	January 1, 2016	
	Total Deductible								
	Total Deductible + Total Premium								
	Total HRA Administration Fees								
	Total Deductible + Total Premium + HRA Fees				\$ 295,750.96		\$ 187,546.56	\$216.033.60	