

HEALTH/MM & DENTAL INS. PREMIUMS
2018-2019
ALLIANCE SELECT

| DEDUCTIBLE PLAN | <u>1,000/2,000</u> | <u>1,500/3,000</u> | <u>2,000/4,000</u> |
|---|------------------------------|------------------------------|------------------------------|
| Co-Pay in PPO | 90/10 | 90/10 | 90/10 |
| Co-Pay out of PPO | 80/20 | 80/20 | 80/20 |
| Out of Pocket | \$2,000/\$4,000 | \$3,000/\$6,000 | \$4,000/\$8,000 |
| Office co-pay in PPO | \$15 primary/\$30 specialist | \$15 primary/\$30 specialist | \$15 primary/\$30 specialist |
| Office co-pay out of PPO | \$20 plus coinsurance | \$20 plus coinsurance | \$20 plus coinsurance |
| Prescriptions co-pay - generic | \$5.00 | \$5.00 | \$5.00 |
| Prescriptions co-pay - brand name drugs | \$15.00 | \$15.00 | \$15.00 |
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| MONTHLY HEALTH INSURANCE PREMIUMS | | | |
| Single Health | \$851.14 | \$824.25 | \$792.08 |
| Single Dental | \$49.89 | \$49.89 | \$49.89 |
| Total Single Coverage | \$901.03 | \$874.14 | \$841.97 |
| District Contribution - monthly | \$945.00 | \$945.00 | \$945.00 |
| Single Coverage (single health & single dental required) | -\$901.03 | -\$874.14 | -\$841.97 |
| Difference is Board Insurance (Amount paid to you monthly) | \$43.97 | \$70.86 | \$103.03 |
| 2018-2019 Single Health & Dental Premium per month | \$901.03 | \$874.14 | \$841.97 |
| 2017-2018 Single Health & Dental Premium per month | \$880.15 | \$841.88 | \$809.27 |
| Net increase in premium per month compared to last year | \$20.88 | \$32.26 | \$32.70 |
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| ADDITIONAL OPTIONS AVAILABLE | | | |
| Family Health Insurance | | | |
| 2018-2019 Family Health Premium per month | \$1,247.46 | \$1,207.13 | \$1,158.87 |
| 2017-2018 Family Health Premium per month | \$1,221.66 | \$1,164.26 | \$1,115.34 |
| Net increase in premium per month compared to last year | \$25.80 | \$42.87 | \$43.53 |
| Family Dental | | | |
| 2018-2019 Family Dental Premium per month | \$75.96 | \$75.96 | \$75.96 |
| 2017-2018 Family Dental Premium per month | \$71.12 | \$71.12 | \$71.12 |
| Net increase in premium per month compared to last year | \$4.84 | \$4.84 | \$4.84 |
| ** Family Dental can be purchased without purchasing Family Health | | | |

HEALTH/MM & DENTAL INS. PREMIUMS
2018-2019
BLUE ADVANTAGE (WHIPI)

| DEDUCTIBLE PLAN | <u>1,000/2,000</u> | <u>1,500/3,000</u> | <u>2,000/4,000</u> |
|---|---------------------------|---------------------------|---------------------------|
| Co-Pay in PPO | 90/10 | 90/10 | 90/10 |
| Out of Pocket in PPO | \$2,000/\$4,000 | \$3,000/\$6,000 | \$4,000/\$8,000 |
| Coinsurance - Out of Network | Not Covered | Not Covered | Not Covered |
| Office co-pay in PPO | \$20 | \$20 | \$20 |
| Office Copay - Out of Network | Not Covered | Not Covered | Not Covered |
| Prescriptions co-pay - generic | \$5.00 | \$5.00 | \$5.00 |
| Prescriptions co-pay - brand name drugs | \$15.00 | \$15.00 | \$15.00 |
| MONTHLY HEALTH INSURANCE PREMIUMS | | | |
| Single Health | \$771.30 | \$737.97 | \$709.66 |
| Single Dental | \$49.89 | \$49.89 | \$49.89 |
| Total Single Coverage | \$821.19 | \$787.86 | \$759.55 |
| District Contribution - monthly | \$945.00 | \$945.00 | \$945.00 |
| Single Coverage (single health & single dental required) | -\$821.19 | -\$787.86 | -\$759.55 |
| Difference is Board Insurance (Amount paid to you to you monthly) | \$123.81 | \$157.14 | \$185.45 |
| 2018-2019 Single Health & Dental Premium per month | \$821.19 | \$787.86 | \$759.55 |
| 2017-2018 Single Health & Dental Premium per month | \$789.34 | \$755.58 | \$727.05 |
| Net increase in premium per month compared to last year | \$31.85 | \$32.28 | \$32.50 |
| ADDITIONAL OPTIONS AVAILABLE | | | |
| Family Health Insurance | | | |
| 2018-2019 Family Health Premium per month | \$1,127.70 | \$1,077.71 | \$1,035.24 |
| 2017-2018 Family Health Premium per month | \$1,085.45 | \$1,034.81 | \$992.01 |
| Net increase in premium per month compared to last year | \$42.25 | \$42.90 | \$43.23 |
| Family Dental | | | |
| 2018-2019 Family Dental Premium per month | \$75.96 | \$75.96 | \$75.96 |
| 2017-2018 Family Dental Premium per month | \$71.12 | \$71.12 | \$71.12 |
| Net increase in premium per month compared to last year | \$4.84 | \$4.84 | \$4.84 |
| ** Family Dental can be purchased without purchasing Family Health | | | |