

**Shelby Public Schools - January 2017 ADMIN/CUSTODIAL Renewal**  
**Presented by Patty Siegel, Advanced Health Sales Consulting, LLC**

Insurance Company	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health
Type of Plan	100% HMO Traditional	100% HMO Traditional	90% POS - HSA	90% POS - HSA	90% POS - HSA	90% HMO - HSA	90% HMO - HSA	90% HMO - HSA
Network	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health
<b>In Network</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>CURRENT</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>RENEWAL</b>
Deductible (Single/Family)	\$500/\$1,000	\$500/\$1,000	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600
Coinsurance	100%	100%	90%	90%	90%	90%	90%	90%
Coinsurance Max	\$0/\$0	\$0/\$0	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400
Out of Pocket Max (Single/Family)	\$6,850/\$13,700	\$6,850/\$13,700	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
Office Visit Copays	\$20 Copay	\$20 Copay	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
Specialist	\$35 Copay	\$35 Copay	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
Urgent Care	\$50 Copay	\$50 Copay	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
Hospital Emergency Room	\$100 Copay	\$100 Copay	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
Ambulance	\$100 Copay	\$100 Copay	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%
*SNF - 45 Additional Days Rehab Visits - 20 Additional Days	SNF: After deductible, 100% Rehab/Chiropractic: \$20 Copay	SNF: After deductible, 100% Rehab/Chiropractic: \$20 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
*Durable Medical Equipment (DME)	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	\$10/\$40	\$10/\$40	After deductible, \$10/\$40	After deductible, \$10/\$40	After deductible, \$10/\$40	After deductible, \$10/\$40	After deductible, \$10/\$40	After deductible, \$10/\$40
<b>Out of Network</b>								
Deductible	N/A	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	N/A	N/A	N/A
Coinsurance	N/A	80%	70%	70%	70%	N/A	N/A	N/A
Coinsurance Max	N/A	\$2,500/\$5,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	N/A	N/A	N/A
Out of Pocket Max	N/A	\$13,700/\$27,400	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	N/A	N/A	N/A
Inpatient & Outpatient Hospital	N/A	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Office Visit Copays	N/A	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Chiropractic Visit copays	N/A	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Specialist	N/A	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Urgent Care	\$50 Copay	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Hospital Emergency Room	\$100 Copay	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
Ambulance	\$100 Copay	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	N/A	N/A	N/A
<b>Premium Rates</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>CURRENT</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>RENEWAL</b>
Single	\$ 575.01	\$ 619.32	\$ 465.81	\$ 485.20	\$ 444.82	\$ 444.82	\$ 463.52	\$ 463.52
Double	\$ 1,265.02	\$ 1,362.51	\$ 1,024.78	\$ 1,067.44	\$ 978.60	\$ 978.60	\$ 1,019.74	\$ 1,019.74
Family	\$ 1,667.52	\$ 1,796.03	\$ 1,350.85	\$ 1,407.08	\$ 1,289.98	\$ 1,289.98	\$ 1,344.20	\$ 1,344.20
Monthly Premium	\$ 1,667.52	\$ 1,796.03	\$ 1,816.66	\$ 1,892.28	\$ 1,883.44	\$ 1,883.44	\$ 20,719.24	\$ 20,719.24
Yearly Premium	\$ 20,010.24	\$ 21,552.36	\$ 21,799.92	\$ 22,707.36	\$ 238,601.28	\$ 238,601.28	\$ 248,630.88	\$ 248,630.88
<b>% of change from CURRENT</b>		<b>8%</b>		<b>4%</b>		<b>4%</b>		<b>4%</b>
Single	0	0	1	1	1	1	1	1
Double	0	0	0	0	0	8	8	8
Family	1	1	1	1	1	9	9	9