

Shelby Public Schools - January 2017 SUPPORT Renewal
Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

| Insurance Company | Priority Health | Priority Health | Priority Health | Priority Health | Priority Health |
|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|-------------------------------------|--|
| Type of Plan | 100% HMO - HSA | 100% HMO - HSA | 80% HMO Traditional | 80% HMO Traditional | 80% HMO Traditional |
| Network | Priority Health | Priority Health | Priority Health | Priority Health | Priority Health |
| In Network | CURRENT | RENEWAL | CURRENT | RENEWAL | Option 1 |
| Deductible (Single/Family) | \$3,000/\$6,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$4,000/\$8,000 | \$4,000/\$8,000 |
| Coinsurance | 100% | 100% | 80% | 80% | 80% |
| Coinsurance Max | \$2,000/\$4,000 | \$2,000/\$4,000 | \$2,500/\$5,000 | \$2,500/\$5,000 | \$2,500/\$5,000 |
| Out of Pocket Max | | | | | |
| (Single/Family) | \$5,000/\$10,000 | \$5,000/\$10,000 | \$6,850/\$13,700 | \$6,850/\$13,700 | \$6,850/\$13,700 |
| Inpatient & Outpatient Hospital | After deductible, 100% | After deductible, 100% | After deductible, 80% | After deductible, 80% | After deductible, 80% |
| Office Visit Copays | After deductible, 100% | After deductible, 100% | \$30 Copay | \$30 Copay | \$30 Copay |
| Specialist | After deductible, 100% | After deductible, 100% | \$45 Copay | \$45 Copay | \$45 Copay |
| Urgent Care | After deductible, 100% | After deductible, 100% | \$75 Copay | \$75 Copay | \$75 Copay |
| Hospital Emergency Room | After deductible, 100% | After deductible, 100% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% |
| Ambulance | After deductible, 100% | After deductible, 100% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% |
| *SNF - 45 Additional Days | | | After deductible, 80% | After deductible, 80% | After deductible, 80% |
| Rehab Visits - | | | Rehab/Chiropractic: \$30 Copay | Rehab/Chiropractic: \$30 Copay | Rehab/Chiropractic: \$30 Copay |
| 20 Additional Days | After deductible, 100% | After deductible, 100% | | | |
| *Durable Medical Equipment (DME) | After deductible, 100% | After deductible, 100% | After deductible, 80% | After deductible, 80% | After deductible, 80% |
| Prescription Drug Copays | After deductible, \$10/\$40/\$80 | After deductible, \$10/\$40/\$80 | After deductible, \$10/\$40/\$80 | After deductible, \$10/\$40/\$80 | After deductible, \$15/\$50/\$80/20%/20% |
| Out of Network | | | | | |
| Deductible | N/A | N/A | N/A | N/A | N/A |
| Coinsurance | N/A | N/A | N/A | N/A | N/A |
| Coinsurance Max | N/A | N/A | N/A | N/A | N/A |
| Out of Pocket Max | N/A | N/A | N/A | N/A | N/A |
| Inpatient & Outpatient Hospital | N/A | N/A | N/A | N/A | N/A |
| Office Visit Copays | N/A | N/A | N/A | N/A | N/A |
| Chiropractic Visit copays | N/A | N/A | N/A | N/A | N/A |
| Specialist | N/A | N/A | N/A | N/A | N/A |
| Urgent Care | After deductible, 100% | After deductible, 100% | \$75 Copay | \$75 Copay | \$75 Copay |
| Hospital Emergency Room | After deductible, 100% | After deductible, 100% | deductible, 80% | deductible, 80% | deductible, 80% |
| Ambulance | After deductible, 100% | After deductible, 100% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% | \$150 Copay + After deductible, 80% |
| Premium Rates | CURRENT | RENEWAL | CURRENT | RENEWAL | Option 1 |
| Single | \$ 378.90 | \$ 401.97 | \$ 399.46 | \$ 444.92 | \$ 429.77 |
| Double | \$ 846.71 | \$ 884.33 | \$ 892.59 | \$ 978.83 | \$ 945.50 |
| Family | \$ 1,116.12 | \$ 1,165.71 | \$ 1,176.59 | \$ 1,290.27 | \$ 1,246.34 |
| Monthly Premium | \$ 1,136.70 | \$ 1,205.91 | \$ 6,391.36 | \$ 7,118.72 | \$ 6,876.32 |
| Yearly Premium | \$ 13,640.40 | \$ 14,470.92 | \$ 76,696.32 | \$ 85,424.64 | \$ 82,515.84 |
| % of change from CURRENT | | 6% | | 11% | 8% |
| Single | 3 | 3 | 16 | 16 | 16 |