

Shelby Public Schools - January 2017 TEACHER 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
Type of Plan	100% POS Traditional	100% POS Traditional	100% POS - HSA	100% POS - HSA	100% POS - HSA	90% POS - HSA	90% POS - HSA
Network	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health
In Network	CURRENT	RENEWAL	CURRENT	RENEWAL	CURRENT	CURRENT	RENEWAL
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
Coinsurance	100%	100%	100%	100%	100%	90%	90%
Coinsurance Max	\$0/\$0	\$0/\$0	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400
Out of Pocket Max							
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
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Office Visit Copays	\$20 Copay	\$20 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Specialist	\$35 Copay	\$35 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Urgent Care	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Hospital Emergency Room	\$100 Copay	\$100 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Ambulance	\$100 Copay	\$100 Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
*SNF - 45 Additional Days	After deductible, 100%	After deductible, 100%					
Rehab Visits - 20 Additional Days	Rehab/Chiropractic: \$20 Copay	Rehab/Chiropractic: \$20 Copay	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%
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
Out of Network							
Deductible	\$1,000/\$2,000	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	80%	80%	80%	80%	80%	70%	70%
Coinsurance Max	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Out of Pocket Max	\$13,700/\$27,400	\$13,700/\$27,400	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%
Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 90%	After deductible, 90%
Premium Rates	CURRENT	RENEWAL	CURRENT	RENEWAL	CURRENT	CURRENT	RENEWAL
Single	\$ 601.85	\$ 647.01	\$ 512.40	\$ 533.21	\$ 465.81	\$ 485.20	\$ 485.20
Double	\$ 1,324.07	\$ 1,423.42	\$ 1,127.28	\$ 1,173.06	\$ 1,024.78	\$ 1,067.44	\$ 1,067.44
Family	\$ 1,745.37	\$ 1,876.33	\$ 1,485.96	\$ 1,546.31	\$ 1,350.85	\$ 1,407.08	\$ 1,407.08
Monthly Premium	\$ 33,402.75	\$ 35,909.06	\$ 7,429.80	\$ 7,731.55	\$ 36,472.94	\$ 37,991.16	\$ 37,991.16
Yearly Premium	\$ 400,833.00	\$ 430,908.72	\$ 89,157.60	\$ 92,778.60	\$ 437,675.28	\$ 455,893.92	\$ 455,893.92
% of change from CURRENT		8%		4%		4%	4%
Single	1	1	0	0	5	5	5
Double	5	5	0	0	3	3	3
Family	15	15	5	5	23	23	23