

January 2018 Rates

	P06548 PPO Platinum Level	PD3006 PPO Gold Level	PD3014 PPO Silver Level	PD3018 HSA Silver Level	Dental
Deductible	\$500	\$750	\$1,000	\$4,500	\$50
Coinsurance	80%	80%	80%	100%	80%
Out of Pocket	\$5,000	\$6,000	\$7,000	\$4,500	
Office Visit Co-Pay					
PCP	\$20	\$30	\$40	N/A	
Specialist	\$40	\$50	\$60	N/A	
Prescription				Deductible	
Formulary Generic	\$5	\$5	\$5	Deductible	
Non-Formulary Generic	\$5	\$5	\$15	Deductible	
Formulary Brand	\$40	\$50	\$60	Deductible	
Non-Formulary Brand	\$80	\$100	\$110	Deductible	
Non-Formulary Brand for which there is a Generic available	\$80 + the difference	100 + the difference	\$110 + the difference	Deductible	
Specialty Drugs	\$100	\$150	70%	Deductible	
Separate Rx Out of Pocket	N/A	N/A	N/A	N/A	
Vision Coverage	Yes	Yes	Yes	Yes	
Employee Dental Coverage	Yes	Yes	Yes	Yes	

Monthly Employee Costs					
Employee Only Cost (includes Dental)	\$200	\$80	\$0	\$0	\$0
To Add Spouse Only	\$700	\$575	\$495	\$495	\$30
To Add Child(ren)	\$470	\$375	\$340	\$340	\$30
To Add Family (Spouse and Children)	\$920	\$800	\$700	\$700	\$60
To Add Child(ren) Dual Spouse	N/A	N/A	N/A	N/A	

Rates

Single	\$695	206	\$575	80	\$495	665	\$495	55	\$30	1040
Single + Spouse	\$1,375	24	\$1,150	4	\$990	25	\$990	2	\$60	68
Single + Children	\$1,145	55	\$950	12	\$835	49	\$835	10	\$60	98
Dual spouse to add children	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
Family	\$1,595	56	\$1,375	14	\$1,195	68	\$1,195	6	\$90	174
Retiree Over 65 Single	\$288	28	\$229	1	\$198	3	\$198	0	\$190	0
Retiree Over 65 Family	\$576	15	\$458	0	\$396	0	\$396	0	\$380	0
Monthly Revenue	\$336,529		\$81,479		\$476,694		\$44,725		\$56,820	
Annual Revenue	\$4,038,348		\$977,748		\$5,720,328		\$536,700		\$681,840	

Expected Costs **\$11,700,000**

\$11,954,964

Total expected revenue all sources