

Add to Agenda for 10/28/2016: Approve COBRA Ins rates for 2017

	Base Plan		Buy Up Plan	
	In Network	Out Of Network	In Network	Out Of Network
Annual Deductible	\$1,000 individual	\$3,000 Ind	\$850 individual	\$1,500 individual
	\$3,000 Family	\$6,000 Family	\$2,550 family	\$4,500 family
Annual Maximum Out of Pocket (Includes deductible & medical /dental copays)	\$6,550 individual	\$12,000 Ind	\$4,000 individual	\$6,000 individual
	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 family
Coinsurance	80%	60%	80%	60%
Physician Fees				
Office Visit (routine)	\$25 Copay	50% after Deductible	\$25 Copay	60% after Deductible
X-ray & Lab billed with Dr visit				
Teladoc	\$0 Copay		\$40 Copay	
Urgent Care	\$75	Ded/Co-Ins	\$60	\$100 copay then 60%
Emergency Care				
True Emergency determined	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Non True Emergency determined	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Prescription Drugs Copay/Supply				
Generic	\$5		\$5	
Brand Name	\$25		\$25	
Non Preferred Brand	\$50		\$50	
Specialty	\$150		\$150	
Monthly Premium				
Employee Only	\$0 (2016 same)		\$0 (2016 \$0)	
Employee + Children	\$300 (2016 \$280)		\$500 (2016 \$280)	
Employee + Spouse	\$350 (2016 \$325)		\$550 (2016 \$325)	
Employee + Family	\$400 (2016 \$370)		\$650 (2016 \$370)	
Employee Semi Monthly Payroll Deduction				
Employee Only	\$0.00		\$0.00	
Employee + Children	\$150.00		\$250.00	
Employee + Spouse	\$175.00		\$275.00	
Employee + Family	\$200.00		\$325.00	

2017 COBRA Rates		Base Plan	Buy Up Plan
Med & Dental	EE Only	892.50	892.50
	EE+children	1210.21	1414.21
	EE+Spouse	1261.21	1465.21
	EE+sp+ch(Fam)	1324.45	1579.45

Vision - EE only \$ 11.14 monthly
 EE+Spouse \$ 18.79 monthly
 EE+ch(ren) = \$ 19.16 monthly
 EE+sp+ch(ren) Family \$ 30.32 monthly