

River Valley School District

TEACHERS - MEDICAL OPTIONS

July 1, 2016

| BENEFITS | MESSA - Pak A (TEACHERS) TRADITIONAL PLAN CURRENT VS RENEWAL | | MESSA - Pak C (TEACHERS) H S A PLAN RENEWAL | |
|--|--|-------------------|---|--------------------------|
| | PAK A | PAK A | PAK C | PAK C |
| In-Network | | | | |
| Calendar Year Deductible | \$100/\$200 | \$100/\$200 | \$1,300/\$2,800 | \$1,300/\$2,800 |
| Coinsurance (Carrier/Member) | N/A | N/A | None | None |
| Annual Coinsurance Maximum | Not listed | Not listed | None | None |
| Annual Out of Pocket Max (includes deductible) | Not listed | Not listed | Not Listed | Not Listed |
| Preventive Care | 100% | 100% | 100% | 100% |
| Office Visit / Urgent Care / Emergency Room | \$5 / \$10 / \$25 | \$5 / \$10 / \$25 | Subject to Deductible | Subject to Deductible |
| Laboratory and Pathology Tests | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Diagnostic Tests and X-rays | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| High Tech Imaging | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Outpatient Surgery | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Inpatient Hospitalization (includes Mental Health & Substance Abuse) | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Prescription Drug Deductible (Individual/Family) | Not listed | Not listed | Included in Medical Ded. | Included in Medical Ded. |
| Prescription Drug Copay - Retail | \$10/ \$20 | \$10/ \$20 | ABC RX | ABC RX |
| Prescription Drug Copay - Mail Order | Not listed | Not listed | Not Listed | Not Listed |
| Monthly Premium Rates | PAK A | PAK C | Monthly Premium Rates | Monthly Premium Rates |
| Employee Only | 5 | 8 | \$544.74 | \$601.43 |
| Employee + 1 dependent | 0 | 9 | \$1,223.83 | \$1,351.37 |
| Employee + Family | 6 | 12 | \$1,522.60 | \$1,661.32 |
| Monthly Premium Total | \$16,056.54 | \$17,819.12 | \$33,643.59 | \$36,909.61 |
| Annual Premium Total | \$192,678.48 | \$213,829.44 | \$403,723.08 | \$442,915.32 |
| Rate Increase \$ | \$1,762.58 | | \$3,266.02 | |
| Rate Increase % | 11% | | 9.71% | |

River Valley School District
ADMINISTRATION - MEDICAL OPTIONS
July 1, 2016

| BENEFITS | | MESSA - Pak A (ADMINISTRATION) MESSA - CHOICES CURRENT VS RENEWAL | |
|--|---|---|-------------------|
| In-Network | | | |
| Calendar Year Deductible | | None | None |
| Coinsurance (Carrier/Member) | | N/A | N/A |
| Annual Coinsurance Maximum | | Not listed | Not listed |
| Annual Out of Pocket Max (includes deductible) | | Not listed | Not listed |
| Preventive Care | | 100% | 100% |
| Office Visit / Urgent Care / Emergency Room | | \$5 / \$10 / \$25 | \$5 / \$10 / \$25 |
| Laboratory and Pathology Tests | | Not listed | Not listed |
| Diagnostic Tests and X-rays | | Not listed | Not listed |
| High Tech Imaging | | Not listed | Not listed |
| Outpatient Surgery | | Not listed | Not listed |
| Inpatient Hospitalization (includes Mental Health & Substance Abuse) | | Not listed | Not listed |
| Prescription Drug Deductible (Individual/Family) | | Not listed | Not listed |
| Prescription Drug Copay - Retail | | \$5 / \$10 | \$5 / \$10 |
| Prescription Drug Copay - Mail Order | | Not listed | Not listed |
| Monthly Premium Rates | | | |
| Employee Only | 0 | \$837.18 | \$929.01 |
| Employee + 1 dependent | 0 | \$1,881.79 | \$2,088.41 |
| Employee + Family | 0 | \$2,341.39 | \$2,598.53 |
| Monthly Premium Total | | \$0.00 | \$0.00 |
| Annual Premium Total | | \$0.00 | \$0.00 |
| Rate Increase \$ | | \$0.00 | |
| Rate Increase % | | 11% | |

River Valley School District
NON-UNION SUPPORT STAFF MEDICAL OPTIONS
July 1, 2016

| BENEFITS | NON-PAK NON-UNION SUPPORT STAFF TRADITIONAL PLAN CURRENT VS RENEWAL | | NON-PAK NON-UNION SUPPORT STAFF H S A PLAN RENEWAL | |
|--|---|-------------------|--|--------------------------|
| | | | | |
| In-Network | | | | |
| Calendar Year Deductible | \$100/\$200 | \$100/\$200 | \$1,300/\$2,800 | \$1,300/\$2,800 |
| Coinsurance (Carrier/Member) | N/A | N/A | None | None |
| Annual Coinsurance Maximum | Not listed | Not listed | None | None |
| Annual Out of Pocket Max (includes deductible) | Not listed | Not listed | Not Listed | Not Listed |
| Preventive Care | 100% | 100% | 100% | 100% |
| Office Visit / Urgent Care / Emergency Room | \$5 / \$10 / \$25 | \$5 / \$10 / \$25 | Subject to Deductible | Subject to Deductible |
| Laboratory and Pathology Tests | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Diagnostic Tests and X-rays | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| High Tech Imaging | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Outpatient Surgery | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Inpatient Hospitalization (includes Mental Health & Substance Abuse) | Not listed | Not listed | Subject to Deductible | Subject to Deductible |
| Prescription Drug Deductible (Individual/Family) | Not listed | Not listed | Included in Medical Ded. | Included in Medical Ded. |
| Prescription Drug Copay - Retail | \$10/ \$20 | \$10/ \$20 | ABC RX | ABC RX |
| Prescription Drug Copay - Mail Order | Not listed | Not listed | Not Listed | Not Listed |
| Monthly Premium Rates | Traditional | H.S.A. | Monthly Premium Rates | Monthly Premium Rates |
| Employee Only | 0 | 1 | \$555.84 | \$813.67 |
| Employee + 1 dependent | 0 | 6 | \$1,248.77 | \$1,378.91 |
| Employee + Family | 0 | 1 | \$1,553.65 | \$1,715.59 |
| Monthly Premium Total | \$0.00 | \$0.00 | \$9,602.11 | \$10,602.72 |
| Annual Premium Total | \$0.00 | \$0.00 | \$115,225.32 | \$127,232.64 |
| Rate Increase \$ | | | \$1,000.61 | |
| Rate Increase % | | 11% | 10.42% | |

River Valley School District

MEDICAL OPTIONS

July 1, 2016

| BENEFITS | | BCBS CB PPO 12% OPTION 1 | BCBS SB H S A \$1,300-0% OPTION 2 | BCBS SB H S A \$1,300-20% OPTION 3 | BCBS SB PPO 250-20% OPTION 4 |
|---|----------|-----------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| In-Network | | | | | |
| Calendar Year Deductible (Individual/Family) | | \$1,000/\$2,000 | \$1,300/\$2,600 | \$1,300/\$2,600 | \$250/\$500 |
| Coinsurance (Carrier/Member) | | None | None | 80%/20% | 80%/20% |
| Annual Coinsurance Maximum (Individual/Family) | | None | None | None | \$2,500/\$5,000 |
| Annual Out of Pocket Max (incl.deductible) (Individual/Family) | | \$6,350/\$12,700 | \$2,250/\$4,500 | \$2,250/\$4,500 | \$6,350/\$12,700 |
| Preventative Care | | 100% | 100% | 100% | 100% |
| Office Visit - PCP / Specialist / Chiropractic / UC / ER | | \$30 / \$30 / \$30 / \$30 / \$150 | Covered at 100% after Ded. | Covered at 80% after Ded. | \$20 / \$20 / \$20 / \$20 / \$150 |
| Laboratory and Pathology Tests | | Covered at 100% after Ded. | Covered at 100% after Ded. | Covered at 80% after Ded. | Covered at 80% after Ded. |
| Diagnostic Test and X-rays | | Covered at 100% after Ded. | Covered at 100% after Ded. | Covered at 80% after Ded. | Covered at 80% after Ded. |
| High Tech Imaging | | Covered at 100% after Ded. | Covered at 100% after Ded. | Covered at 80% after Ded. | Covered at 80% after Ded. |
| Outpatient Surgery | | Covered at 100% after Ded. | Covered at 100% after Ded. | Covered at 80% after Ded. | Covered at 80% after Ded. |
| Inpatient Hospitalization (incl. Mental Health & Substance Abuse) | | Covered at 100% after Ded. | Covered at 100% after Ded. | Covered at 80% after Ded. | Covered at 80% after Ded. |
| Prescription Drug Deductible (Individual/Family) | | None | Included in Medical Ded. | Included in Medical Ded. | None |
| Prescription Drug Copay - Retail | | \$10 / \$40 / \$80 | After Ded. \$10 /\$40 /\$80 | After Ded. \$10 /\$40 /\$80 | \$10 / \$40 / \$80 |
| Prescription Drug Copay - Mail Order | | MOPD 2X | After Ded. MOPD 2X | After Ded. MOPD 2X | MOPD 2X |
| Monthly Premium Rates | EE Count | | Monthly Premium Rates | Monthly Premium Rates | Monthly Premium Rates |
| Employee Only | | \$611.17 | \$477.76 | \$437.05 | \$548.52 |
| Employee + 1 dependent | | \$1,466.82 | \$1,146.63 | \$1,048.91 | \$1,316.44 |
| Employee + Family | | \$1,833.53 | \$1,433.29 | \$1,311.14 | \$1,645.55 |
| Monthly Premium Total | | | | | |
| Annual Premium Total | | | \$0.00 | \$0.00 | \$0.00 |
| Rate Increase \$ | | N/A | \$0.00 | \$0.00 | \$0.00 |
| Rate Increase % | | N/A | #DIV/0! | #DIV/0! | #DIV/0! |

River Valley School District

MEDICAL OPTIONS

July 1, 2016

| BENEFITS | | BCN HMO \$500 OPTION 1 | BCN HMO 10% OPTION 2 |
|---|----------|---------------------------------------|---------------------------------------|
| In-Network | | | |
| Calendar Year Deductible (Individual/Family) | | \$500/\$1,000 | None |
| Coinsurance (Carrier/Member) | | None | 90%/10% |
| Annual Coinsurance Maximum (Individual/Family) | | None | \$1,000/\$2,000 |
| Annual Out of Pocket Max (incl. deductible) (Individual/Family) | | \$1,000/\$2,000 | \$5,000/\$10,000 |
| Preventative Care | | 100% | 100% |
| Office Visit - PCP / Specialist / Chiropractic / UC / ER | | \$20 / \$30 / \$30 / \$35 / \$150 | \$20 / \$30 / \$30 / \$35 / \$150 |
| Laboratory and Pathology Tests | | Covered at 100% | Covered at 100% after Ded. |
| Diagnostic Test and X-rays | | Covered at 100% after Ded. | Covered at 100% after Ded. |
| High Tech Imaging | | \$150 copay after ded. | Covered at 100% after Ded. |
| Outpatient Surgery | | Covered at 100% after Ded. | Covered at 100% after Ded. |
| Inpatient Hospitalization (incl. Mental Health & Substance Abuse) | | Covered at 100% after Ded. | Covered at 100% after Ded. |
| Prescription Drug Deductible (Individual/Family) | | None | None |
| Prescription Drug Copay - Retail | | \$10 / \$30 / \$60 / \$80 / 20% / 20% | \$10 / \$30 / \$60 / \$80 / 20% / 20% |
| Prescription Drug Copay - Mail Order | | MOPD 3X - \$10 | MOPD 3X - \$10 |
| Monthly Premium Rates | EE Count | | Monthly Premium Rates |
| Employee Only | | \$605.02 | \$599.76 |
| Employee + 1 dependent | | \$1,391.55 | \$1,379.44 |
| Employee + Family | | \$1,663.81 | \$1,649.33 |
| Monthly Premium Total | | | |
| Annual Premium Total | | | \$0.00 |
| Rate Increase \$ | | N/A | \$0.00 |
| Rate Increase % | | N/A | #DIV/0! |

Blue Care Network is an HMO plan - Employees must chose a primary care physician (PCP)