

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		\$1,663.61	\$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)