

INSURANCE RATES FOR FY 16/17

PPO SELECT CO-PAY 16				
	EMPLOYEE	EMP/1 CHILD	EMP/SPOUSE	FAMILY
	(298)	(73)	(25)	(71)
Total FY 15-16	661.00	801.00	971.00	1021.00
Employee Contribution	40.00	180.00	350.00	400.00
Employer Contribution	621.00	621.00	621.00	621.00
Total FY 16-17	661.00	801.00	971.00	1,021.00
Employee Contribution	40.00	180.00	350.00	400.00
Employer Contribution	621.00	621.00	621.00	621.00
BENEFIT CHANGES		PLAN 16		
Deductible - In-Network/Out-of-Network		\$800/\$1400		
Out of Pocket Limit - In-Network/Out-of-Network		\$3500/\$6500		
Office Visit Co-Pay - PCP/Specialist		\$30/\$45		
Inpatient Care		80%		
Surgery/Out/In		80%		
Preventive Care - In Network		\$30/\$45		
Hospital Services - In Network		80% After Deductible		
Emergency Room		\$150/80%		
Prescription Drug		\$10/\$25/\$40		
	** Please refer to plan booklet for more detail			