Cochrane-Fountain City School District
Renewal Health Plan Options
July 1, 2019



Thursday, April 11, 2019

		0		December 1 Common Property				
HW-DI		Current Rates / Current Benefits		Benefits	Renewal Rates / Current Benefits			
ealth Plan		Essential PPO		Essential PPO				
Deductible (Single/Family)		40 500 05 000			eo coniec non			
	Network	\$2,500/\$5,000			\$2,500/\$5,000			
Non-Network		\$5,000/\$10,000			\$5,000/\$10,000			
Coinsurance								
Network		100%			100%			
Non-Network		80%			80%			
Maximum Out-of-Pocket (Single/Family)								
Excludes Medical Copayments		No			No			
Excludes Pharmacy Copayments		Yes			Yes			
Network		\$3,500/\$7,000			\$3,500/\$7,000			
Non-Network			\$6,500/\$13,000			\$6,500/\$13,000		
Copayments		Primary	Specialty		Primary	Specialty		
Netwo	ork Office Visit	\$25	\$50	then ded/coins	\$25	\$50	then ded/coins	
	ork Office Visit	\$50	\$100	then ded/coins	\$50	\$100	then ded/coins	
Network Convenient Care/Telehealth Office Visit		\$0		copay only	\$0 copay o		copay only	
	Urgent Care	\$ 75		then ded/coins	\$75 then ded		then ded/coins	
Emergency Room		\$250		then ded/coins	\$250 then ded/o		then ded/coins	
High Tech Imaging Copay		\$0/\$0		then ded/coins	\$0/\$0 then ded/co		then ded/coins	
Maximum Out-of-Pocket Medical Copay		\$0/\$0		•	\$0/\$0		•	
Pharmacy		, , , ,						
Drug Plan		\$0/10/25/50 VCDP			\$0/10/25/50 VCDP			
Maximum Out-of-Pocket Pharmacy Copay		\$2,000/\$4,000		\$2,000/\$4,000				
Includes Erectile Dysfunction Benefits		Yes		Yes				
Specialty Pharmacy Coinsurance		No		No				
Optional Benefits								
Vision Benefit		No Vision Coverage		No Vision Coverage				
Extraction/Replace		No Extraction Coverage		No Extraction Coverage				
	er of Premium	Yes		Yes				
Vitality		Activate - Employee Only		Activate - Employee Only				
Triality .				Tientele Employee only				
Premium Rates	Current							
	21		\$759.55			\$777.02		
Single Family	49	********		*******				
	49	\$1,679.87 \$496.41		\$1,718.50 \$507.84				
Single Medicare Family Medicare		\$490.41 \$992.82		\$507.84 \$1,015.68				
,		\$156.26		\$1,015.08 \$159.86				
Single Medicare w/o Drug -		\$100.20 \$312.52		\$199.80 \$319.72				
Family Medicare w/o Drug	-		4		*******			
Special Medicare (1 over/1 under) both Rx 2		\$1,255.96		\$1,284.86				
Special Medicare (1 over/1 under) one Rx -		\$915.81		\$936.88				
Monthly Premium 72		\$100,776.10		\$103,093.64				

Renewal Rates / Alternate 1			Renewal Rates / Alternate 2					
Essential PPO			Essential PPO					
	\$2,500/\$5,000			\$2,500/\$5,000				
	\$5,000/\$10,000			\$5,000/\$10,000				
	100%			100%				
	80%			80%				
	No			No				
	Yes			Yes				
	\$3,500/\$7,000			\$3,500/\$7,000				
	\$6,500/\$13,000		\$6,500/\$13,000					
Primary	Specialty		Primary	Specialty				
\$25	\$50	then ded/coins	\$25	\$50	then ded/coins			
\$50	\$100	then ded/coins	\$50	\$100	then ded/coins			
	\$0	copay only		\$0	copay only			
	\$75	then ded/coins	\$100		then ded/coins			
	\$250	then ded/coins	\$300		then ded/coins			
	\$0/\$0	then ded/coins	\$0/\$0		then ded/coins			
	\$0/\$0			\$0/\$0				
\$0/10/25/50 VCDP			\$0/10/25/50 VCDP					
	\$2,000/\$4,000			\$2,000/\$4,000				
	¥2,000/34,000 Yes			Yes				
	No			No.				
	110							
	No Vision Coverage			No Vision Coverage				
N	lo Extraction Coverage		No Extraction Coverage					
	No		No					
Ad	ctivate - Employee O	nly	Activate - Employee Only					
	\$771.58			\$767.90				
	\$1,706.46			\$1,698.32				
\$504.28			\$501.88					
\$1,008.56			\$1,003.76					
\$158.74			\$157.98					
\$317.48			\$315.96					
\$1,275.86			\$1,269.78					
\$930.32			\$925.88					
\$102,371.44			\$101,883.14					

1.6%

1.1%