

# Greenville Public Schools

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PLAN STATUS	CURRENT		RENEWAL		ALTERNATIVE	
CARRIER	WMHIP		WMHIP		WMHIP	
Effective Date	January 1-2017		January 1-2018		January 1-2018	
PLAN(S)	PPO HSA		PPO HSA		HSA Simply Blue	
NETWORK(S)	BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,600	\$1,350	\$2,700	\$1,350	\$2,700
Family Deductible	\$2,600	\$5,200	\$2,700	\$5,400	\$2,700	\$5,400
Coinsurance Level	100%	80%	100%	80%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000
Other Plan Details						
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care <i>(waived if admitted)</i>	100% after Ded		100% after Ded		100% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs						
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	NA		NA		\$80 after Ded	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x	
Rates						
Single	\$437.55		\$476.05		\$452.25	
2 Person	\$1,050.12		\$1,142.53		\$1,085.40	
Family	\$1,312.67		\$1,428.18		\$1,356.78	
Monthly Employee Payment Under CAP						
<u>2017 PA 152 Caps</u>	<u>2018 PA 152 Caps</u>					
\$6,344.8	\$6,560.52	(\$91.18)		(\$70.66)		(\$94.46)
\$13,268.93	\$13,720.07	(\$55.62)		(\$0.81)		(\$57.94)
\$17,304.02	\$17,892.36	(\$129.33)		(\$62.85)		(\$134.25)
Enrollment						
Single	36		36		36	
2 Person	40		40		40	
Family	124		124		124	
Summary						
Monthly Premium	\$220,527.68		\$239,934.12		\$227,937.41	
Annual Premium	\$2,646,332.16		\$2,879,209.39		\$2,735,248.92	
\$ Variance to Current	n/a		\$232,877.23		\$88,916.76	
% Variance to Current	n/a		8.80%		3.36%	

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CARRIER	WMHIP		WMHIP		WMHIP		
Effective Date	January 1-2017		January 1-2018		January 1-2018		
PLAN(S)	PPO Versatile		PPO Versatile		PPO Simply Blue		
NETWORK(S)	BCBS		BCBS		BCBS		
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	
Individual Deductible	\$250	\$500	\$250	\$500	\$250	\$500	
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	
Coinsurance Level	90%	70%	90%	70%	90%	70%	
Coinsurance Max Ind	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	
Coinsurance Max Fam	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	
Other Plan Details							
Hospital Services	90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded	70% after Ded	
Inpatient Care	90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded	70% after Ded	
Emergency Care <i>(waived if admitted)</i>	\$25		\$25		\$150		
Office Visits	\$20	70% after Ded	\$20	70% after Ded	\$20	70% after Ded	
Prescription Drugs							
Generic	\$10		\$10		\$10		
Formulary Brand	\$40		\$40		\$40		
Non-Formulary Brand	NA		NA		\$80		
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		
Rates							
Single	\$465.83		\$506.82		\$481.48		
2 Person	\$1,117.97		\$1,216.35		\$1,155.53		
Family	\$1,397.49		\$1,520.47		\$1,444.45		
Monthly Employee Payment Under CAP							
<u>2017 PA 152 Caps</u>	<u>2018 PA 152 Caps</u>						
\$6,344.8	\$6,560.52	(\$62.90)		(\$39.89)		(\$65.23)	
\$13,268.93	\$13,720.07	\$12.23		\$73.01		\$12.19	
\$17,304.02	\$17,892.36	(\$44.51)		\$29.44		(\$46.58)	
Enrollment							
Single	10		10		10		
2 Person	6		6		6		
Family	6		6		6		
Monthly Premium	\$19,751.06		\$21,489.15		\$20,414.70		
Annual Premium	\$237,012.72		\$257,869.84		\$244,976.35		
\$ Variance to Current	n/a		\$20,857.12		\$7,963.63		
% Variance to Current	n/a		8.80%		3.36%		

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CARRIER	WMHIP		WMHIP		WMHIP	
Effective Date	January 1-2017		January 1-2018		January 1-2018	
PLAN(S)	PPO Select		PPO Select		PPO Simply Blue	
NETWORK(S)	BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Coinsurance Level	100%	80%	100%	80%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000
Other Plan Details						
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care <i>(waived if admitted)</i>	\$25		\$25		\$150	
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded
Prescription Drugs						
Generic	\$10		\$10		\$20	
Formulary Brand	\$40		\$40		\$40	
Non-Formulary Brand	NA		NA		\$80	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x	
Rates						
Single	\$502.69		\$546.93		\$519.58	
2 Person	\$1,206.43		\$1,312.60		\$1,246.97	
Family	\$1,508.06		\$1,640.77		\$1,558.73	
Monthly Employee Payment Under CAP						
<u>2017 PA 152 Caps</u>	<u>2018 PA 152 Caps</u>					
\$6,344.8	\$6,560.52		\$0.22		(\$27.13)	
\$13,268.93	\$13,720.07		\$169.26		\$103.63	
\$17,304.02	\$17,892.36		\$149.74		\$67.70	
Enrollment						
Single	11		11		11	
2 Person	3		3		3	
Family	9		9		9	
Summary						
Monthly Premium	\$22,721.42		\$24,720.90		\$23,484.86	
Annual Premium	\$272,657.04		\$296,650.86		\$281,818.32	
\$ Variance to Current	n/a		\$23,993.82		\$9,161.28	
% Variance to Current	n/a		8.80%		3.36%	