

**QUINCY COMMUNITY SCHOOLS
2018 RENEWAL OPTIONS**

COMPANY		PRIORTY	UHC	BLUE CROSS	BLUE CARE NETWORK	PRIORTY	UHC	BLUE CROSS
PLAN	POS/PPO	CURRENT	PLAN BE-DC	SIMPLY BLUE	H M O	CURRENT	PLAN BE-DG	SIMPLY BLUE
NETWORK		POS A & PHCS	CHOICE PLUS	BLUE PPO	BCN, IN STATE ONLY	POS A & PHCS	CHOICE PLUS	BLUE PPO
		RATES	RATES	RATES	RATES	RATES	RATES	RATES
SINGLE	CURRENT \$661.63	RENEWAL \$743.00	\$713.79	\$546.21	\$597.20	\$672.53	\$595.91	\$533.70
TWO PERSON	\$1,382.80	\$1,552.87	\$1,512.39	\$1,310.89	\$1,433.29	\$1,405.59	\$1,262.62	\$1,280.86
FAMILY	\$1,806.25	\$2,028.39	\$1,975.52	\$1,638.61	\$1,791.61	\$1,836.00	\$1,649.27	\$1,601.09

PLAN BENEFITS

DEDUCTIBLE		\$500/\$1,000	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$1,500/\$3,000	\$2,500/\$5,000	\$750/\$1,500
BENEFIT %		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/80%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/80%
CO-INSURANCE		\$0	\$0		\$0	0	\$0	\$0
MAX OUT OF POCKET		\$6,850/\$13,700 INCLUDES DEDUCT	\$3,000/\$6,000 INCLUDES DEDUCT.	\$6,350/\$12,700 INCLUDES DEDUCT	\$1,000/\$2,000 INCLUDES DEDUCT.	\$7,150/\$14,300 INCLUDES DEDUCT.	\$5,000/\$10,000 INCLUDES DEDUCT.	\$6,850/\$13,700 INCLUDES DEDUCT.
WELLNESS		100% NO DEDUCT	100% NO DEDUCT	100% NO DEDUCT.	100% NO DEDUCT.	100% NO DEDUCT	100% NO DEDUCT.	100% NO DEDUCT.
OFFICE CO-PAYS		NO DEDUCTIBLE	NO DEDUCTIBLE	NO DEDUCTIBLE	NO DEDUCTIBLE.	NO DEDUCTIBLE	NO DEDUCTIBLE	NO DEDUCTIBLE
PRIMARY		\$20	\$20	\$20	\$20	\$20	\$30	\$20
SPECIALISTS		\$35	\$40	\$40	\$30	\$35	\$60	\$40
VIRTUAL		\$0	\$0	\$20	\$20	\$0	\$0	\$20
URGENT CARE		\$75 CO-PAY	\$75 CO-PAY	\$60 CO-PAY	\$75 CO-PAY	\$75 CO-PAY	\$75 CO-PAY	\$60 CO-PAY
EMERGENCY ROOM		\$150 CO-PAY	\$250 CO-PAY	\$150 CO-PAY	\$150 CO-PAY	\$150 CO-PAY	\$250 CO-PAY	\$150 CO-PAY
INPATIENT HOSPITAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/80%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/80%
DIAGNOSTIC TESTING		DEDUCTIBLE/100%	100% FOR BASIC	DEDUCTIBLE/80%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/80%
MAJOR IMAGING PET, MRI, CT SCANS		\$150 CO-PAY NO DEDUCTIBLE	DEDUCTIBLE/100%	DEDUCTIBLE/80%	\$150 CO-PAY NO DEDUCTIBLE.	\$150 CO-PAY NO DEDUCTIBLE	DEDUCTIBLE/100%	DEDUCTIBLE/80%
REHAB SERVICES PT, OCC, CHIROPRACTIC		\$20 CO-PAY 50 COMBINED VISITS	\$20 CO-PAY 20 VISITS EACH THERAPY TYPE	DEDUCTIBLE/80% 30 VISITS CHIRO 12 VISITS	\$30 CO-PAY 60 COMBINED VISITS	\$20 CO-PAY 50 COMBINED VISITS	\$30 CO-PAY 20 VISITS EACH THERAPY TYPE	DEDUCTIBLE/80% 30 COMBINED CHIRO 12 VISITS
PRESCRIPTIONS 31 DAY		\$10/\$40/\$80	\$10/\$35/\$60	\$10/\$40/\$80	\$15/\$40/\$80/20%	\$10/\$40/\$80	\$10/\$35/\$60	\$10/\$40/\$80
MAIL IN 90 DAYS		\$20/\$80/\$160	\$25/\$87.50/\$150	\$20/\$40/\$80	\$30/\$80/\$160	\$10/\$40/\$80	\$25/\$87.50/\$150	\$20/\$80/\$160

**QUINCY COMMUNITY SCHOOLS
2018 RENEWAL OPTIONS**

COMPANY		PRIORITY	BLUE CROSS	BLUE CROSS
PLAN	POS/PPO	CURRENT	SIMPLY BLUE	SIMPLY BLUE
NETWORK		POS A & PHCS	BLUE PPO	BLUE PPO
		RATES	RATES	RATES
	CURRENT	RENEWAL		
SINGLE	\$661.63	\$743.00	\$569.11	\$601.65
TWO PERSON	\$1,382.80	\$1,552.87	\$1,365.86	\$1,443.95
FAMILY	\$1,806.25	\$2,028.39	\$1,707.33	\$1,804.94

PLAN BENEFITS

DEDUCTIBLE		\$500/\$1,000	\$1,000/\$2,000	\$500/\$1,000
BENEFIT %		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
CO-INSURANCE		\$0	\$0	\$0
MAX OUT OF POCKET		\$6,850/\$13,700 INCLUDES DEDUCT	\$6,350/\$12,700 INCLUDES DEDUCT.	\$3,000/\$6,000 INCLUDES DEDUCT.
WELLNESS		100% NO DEDUCT	100% NO DEDUCT.	100% NO DEDUCT.
OFFICE CO-PAYS		NO DEDUCTIBLE	NO DEDUCTIBLE	NO DEDUCTIBLE
PRIMARY		\$20	\$30	\$20
SPECIALISTS		\$35	\$30	\$40
VIRTUAL		\$0	\$30	\$20
URGENT CARE		\$75 CO-PAY	\$30	\$60
EMERGENCY ROOM		\$150 CO-PAY	\$150 CO-PAY	\$150 CO-PAY
INPATIENT HOSPITAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
DIAGNOSTIC TESTING		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
MAJOR IMAGING PET, MRI, CT SCANS		\$150 CO-PAY NO DEDUCTIBLE	DEDUCTIBLE/100%	DEDUCTIBLE/100%
REHAB SERVICES PT, OCC, CHIROPRACTIC		\$20 CO-PAY 50 COMBINED VISITS	DEDUCTIBLE/100% 30 COMBINED CHIRO/ 12/VISITS	DEDUCTIBLE/100% 30 COMBINED CHIRO/12 VISITS
PRESCRIPTIONS 31 DAY		\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
MAIL IN 90 DAYS		\$10/\$40/\$80	\$20/\$80/\$160	\$20/\$80/\$160

**QUINCY COMMUNITY SCHOOLS
2018 RENEWAL OPTIONS**

COMPANY		PRIORITY	UHC	BLUE CROSS	BLUE CARE NETWORK	PRIORITY	UHC
PLAN	H S A PLANS	CURRENT	PLAN AB-IX	SIMPLY BLUE	H M O	CURRENT	PLAN BE-DG
NETWORK		POS A & PHCS	CHOICE PLUS	BLUE PPO	BCN, IN STATE ONLY	POS A & PHCS	CHOICE PLUS
		RATES	RATES	RATES	RATES	RATES	RATES
	CURRENT	RENEWAL					
SINGLE	\$542.16	\$605.95	\$606.05	\$512.77	\$467.44	\$548.36	\$502.67
TWO PERSON	\$1,133.11	\$1,266.44	\$1,284.11	\$1,230.63	\$1,121.86	\$1,146.07	\$1,065.06
FAMILY	\$1,480.10	\$1,654.24	\$1,677.33	\$1,538.28	\$1,402.33	\$1,497.07	\$1,391.21

PLAN BENEFITS

DEDUCTIBLE		\$1,350/\$2,600	\$1,500/\$3,000	\$1,350/\$2,700	\$1,350/\$2,700	\$2,000/\$4,000	\$2,000/\$4,000
BENEFIT %		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
CO-INSURANCE		\$0	\$0		\$0	\$0	\$0
MAX OUT OF POCKET		\$2,000/\$4,000 INCLUDES DEDUCT	\$2,500/\$5,000 INCLUDES DEDUCT.	\$2,250/\$4,500 INCLUDES DEDUCT	\$2,350/\$4,700 INCLUDES DEDUCT.	\$4,000, \$8,000 INLCUES DEDUCT	\$4,500/\$9,000 INCLUDES DEDUCT.
WELLNESS		100% NO DEDUCT	100% NO DEDUCT	100% NO DEDUCT.	100% NO DEDUCT.	100% NO DEDUCT.	100% NO DEDUCT.
OFFICE CO-PAYS							
PRIMARY		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/\$30
SPECIALISTS		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/\$60
VIRTUAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/\$0
URGENT CARE		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCT./\$75 CO-PAY
EMERGENCY ROOM		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCT/\$500 CO-PAY
INPATIENT HOSPITAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
DIAGNOSTIC TESTING		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
MAJOR IMAGING PET, MRI, CT SCANS		DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
REHAB SERVICES PT, OCC, CHIROPRACTIC		DEDUCTIBLE/100% 50 COMBINED VISITS	DEDUCTIBLE/100% 20 VISITS EACH THERAPY TYPE	DEDUCTIBLE/100% 30 VISITS	DEDUCTIBLE/100% 60 COMBINED VISITS	DEDUCTIBLE/100% 50 COMBINED VISITS	DEDUCT./\$30 CO-PAY 20 VISITS EACH THERAPY TYPE
PRESCRIPTIONS 31 DAY		DEDUCTIBLE THEN \$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$35/\$60	DEDUCTIBLE THEN \$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$30/\$60/\$80/20%	DEDUCTIBLE THEN \$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$35/\$60

**QUINCY COMMUNITY SCHOOLS
2018 RENEWAL OPTIONS**

COMPANY		PRIORTY	BLUE CROSS
PLAN	H S A PLANS	CURRENT	SIMPLY BLUE
NETWORK		POS A & PHCS	BLUE PPO
		RATES	RATES
	CURRENT	RENEWAL	
SINGLE	\$542.16	\$605.95	\$466.36
TWO PERSON	\$1,133.11	\$1,266.44	\$1,119.29
FAMILY	\$1,480.10	\$1,654.24	\$1,399.11

PLAN BENEFITS

DEDUCTIBLE		\$1,350/\$2,600	\$2,000/\$4,000
BENEFIT %		DEDUCTIBLE/100%	DEDUCTIBLE/100%
CO-INSURANCE		\$0	\$0
MAX OUT OF POCKET		\$2,000/\$4,000 INCLUDES DEDUCT	\$3,000/\$6,000 INCLUDES DEDUCT
WELLNESS		100% NO DEDUCT	100% NO DEDUCT.
OFFICE CO-PAYS			
PRIMARY		DEDUCTIBLE/100%	DEDUCTIBLE/100%
SPECIALISTS		DEDUCTIBLE/100%	DEDUCTIBLE/100%
VIRTUAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%
URGENT CARE		DEDUCTIBLE/100%	DEDUCTIBLE/100%
EMERGENCY ROOM		DEDUCTIBLE/100%	DEDUCTIBLE/100%
INPATIENT HOSPITAL		DEDUCTIBLE/100%	DEDUCTIBLE/100%
DIAGNOSTIC TESTING		DEDUCTIBLE/100%	DEDUCTIBLE/100%
MAJOR IMAGING PET, MRI, CT SCANS		DEDUCTIBLE/100%	DEDUCTIBLE/100%
REHAB SERVICES PT, OCC, CHIROPRACTIC		DEDUCTIBLE/100% 50 COMBINED VISITS	DEDUCTIBLE/100% 30 COMBINEDVISITS
PRESCRIPTIONS 31 DAY		DEDUCTIBLE THEN \$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$40/\$80