

Northeast Indiana School Insurance Consortium 2017-2018 Plan Options

	Plan 3	Plan 4	Plan 5	Plan 6
Deductible – Individual Family	In-Network² \$500 \$1,000	In-Network² \$1,000 \$2,000	In-Network² \$3,500 \$7,000	In-Network² \$6,500 \$13,000
Reimbursement Percentage¹	90%	80%	100%	100%
Out-of-Pocket Maximum – Individual Family	\$1,250 \$2,500	\$2,250 \$4,500	\$3,500 \$7,000	\$6,500 \$13,000
Human Organ Tissue Transplant	100%	100%	100%	100%
Hospital Expenses	90%	80%	100%	100%
Emergency Room	\$100 copay	\$100 copay	100%	100%
Urgent Care Center	\$50 copay	\$50 copay	100%	100%
Physician Office Visits	\$20 copay	\$30 copay	100%	100%
Routine Care	\$0 copay	\$0 copay	100%(no ded)	100%(no ded)
Ambulance	100%	100%	100%	100%
Prescription Drugs				
Pharmacy-Retail	\$30 brand \$15 generic	\$40 brand \$20 generic	100% (Subject to Medical Deductible)	100% (Subject to Medical Deductible)
Mail Order	\$60 brand \$30 generic	\$80 brand \$40 generic		
RX Out of Pocket Max Individual Family	\$4,600 \$9,200	\$4,600 \$9,200	Included in Maximum Out of Pocket above	Included in Maximum Out of Pocket above
Single	\$937	\$845	\$761	\$609
Family	\$2,339	\$2,108	\$1,895	\$1,522

¹ Reimbursement percentages are subject to the deductible unless otherwise indicated

² Out of network information can be found in the Summary of Benefits and Coverage (SBC) or the Summary Plan Description, generally the out of network deductible and maximum out-of-pocket are 2 times the in-network. The benefit descriptions outlined here are intended to be a brief outline of coverage and are not a legal contract. All plan provisions, benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

2017-2018 NEW HEALTH INSURANCE RATES

SINGLE

FAMILY

		NEW COST	OLD COST
PLAN 3	SINGLE YEARLY:	\$11,244.00	\$10,224.00
	EMPLOYEE SHARE:	\$5,494.00	\$6,171.00
	PER PAY (24PAYS)	\$228.92	\$257.13

		NEW COST	OLD COST
	FAMILY YEARLY:	\$28,068.00	\$25,512.00
	EMPLOYEE SHARE:	\$16,068.00	\$16,890.00
	PER PAY (24PAYS)	\$669.50	\$703.75

PLAN 4	SINGLE YEARLY:	\$10,140.00	\$9,216.00
	EMPLOYEE SHARE:	\$4,390.00	\$5,067.00
	PER PAY (24PAYS)	\$182.92	\$211.13

	FAMILY YEARLY:	\$25,296.00	\$22,992.00
	EMPLOYEE SHARE:	\$13,296.00	\$14,118.00
	PER PAY (24PAYS)	\$554.00	\$588.25

PLAN 5	SINGLE YEARLY:	\$9,132.00	\$8,304.00
	EMPLOYEE SHARE:	\$3,382.00	\$4,059.00
	PER PAY (24PAYS)	\$140.92	\$169.13

	FAMILY YEARLY:	\$22,740.00	\$20,676.00
	EMPLOYEE SHARE:	\$10,740.00	\$11,562.00
	PER PAY (24PAYS)	\$447.50	\$481.75

PLAN 6	SINGLE YEARLY:	\$7,308.00	\$7,308.00
	EMPLOYEE SHARE:	\$1,558.00	\$2,235.00
	PER PAY (24PAYS)	\$64.92	\$93.13

	FAMILY YEARLY:	\$18,264.00	\$16,608.00
	EMPLOYEE SHARE:	\$6,264.00	\$7,086.00
	PER PAY (24PAYS)	\$261.00	\$295.25

EMPLOYER SHARE : SINGLE \$5,750.00

EMPLOYER SHARE: FAMILY \$12,000.00