

**Otsego Public Schools
Effective 9/1/17**

| | | Renewal POS Plan A | | | Option 1A POS HSA 100 | | | Option 2A POS HSA 90 | | | Option 3A POS HSA \$1500 |
|-------------------------------|----|---|------------------------------|---|--------------------------|---|----------------------|---|----------------------|--|-----------------------------|
| Deductible | | In Network | Out of Network* | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | | |
| Individual | | \$1,300 | \$2,600 | \$1,300 | \$2,600 | \$1,300 | \$2,600 | \$1,500 | \$3,000 | | |
| Family | | \$2,600 | \$5,200 | \$2,600 | \$5,200 | \$2,600 | \$5,200 | \$3,000 | \$6,000 | | |
| Coinsurance - (Plan Pays) | | 80% | 60% | 100% | 80% | 90% | 70% | 80% | 60% | | |
| Coinsurance Maximum | | | | | | | | | | | |
| Individual | | \$700 | \$1,400 | \$700 | \$1,400 | \$700 | \$1,400 | \$1,500 | \$3,000 | | |
| Family | | \$1,400 | \$2,800 | \$1,400 | \$2,800 | \$1,400 | \$2,800 | \$3,000 | \$6,000 | | |
| Out of Pocket Maximum | | Includes Deductible, Coinsurance & Copays | | Includes Deductible, Coinsurance & Copays | | Includes Deductible, Coinsurance & Copays | | Includes Deductible, Coinsurance & Copays | | | |
| Individual | | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$3,000 | \$6,000 | | |
| Family | | \$4,000 | \$8,000 | \$4,000 | \$8,000 | \$4,000 | \$8,000 | \$6,000 | \$12,000 | | |
| Wellness/Preventive | | 100% covered | 60% after deductible | 100% covered | 80% after deductible | 100% covered | 70% after deductible | 100% covered | 60% after deductible | | |
| Office Visit Copay (PCP/Spec) | | 80% after deductible | 60% after deductible | 100% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | | |
| Urgent Care Copay | | 80% after deductible | 60% after deductible | 100% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | | |
| Emergency Room Copay | | 80% after deductible | 80% after deductible | 100% after deductible | 100% after deductible | 90% after deductible | 90% after deductible | 80% after deductible | 80% after deductible | | |
| Chiropractic | | 80% after deductible | 60% after deductible | 100% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | | |
| In & Out Patient Services | | 80% after deductible | 60% after deductible | 100% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | | |
| Prescription Copay | | After deductible | | After deductible | | After deductible | | After deductible | | | |
| Generic | | \$10 | | \$10 | | \$10 | | \$10 | | | |
| Brand | | \$40 | | \$40 | | \$40 | | \$40 | | | |
| Specialty | | \$80 | | \$80 | | \$80 | | \$80 | | | |
| Rates | | Current Monthly Rates | Renewal Monthly Rates | Monthly Rates | | Monthly Rates | | Monthly Rates | | | |
| Employee | 32 | \$436.64 | \$489.67 | \$559.93 | | \$505.03 | | \$459.79 | | | |
| Double | 31 | \$982.48 | \$1,101.81 | \$1,259.90 | | \$1,136.37 | | \$1,034.58 | | | |
| Family | 85 | \$1,091.60 | \$1,224.18 | \$1,399.82 | | \$1,262.57 | | \$1,149.48 | | | |
| Monthly Premium | | \$137,215 | \$153,881 | \$175,959 | | \$158,707 | | \$144,491 | | | |
| Annual Premium | | \$1,646,584 | \$1,846,570 | \$2,111,512 | | \$1,904,483 | | \$1,733,893 | | | |
| Annual Difference | | \$ | \$199,986 | \$1,646,584 | | \$257,898 | | \$87,308 | | | |
| Increase/Decrease | | % | 12.1% | 28.2% | | 15.7% | | 5.3% | | | |

This table is for comparison purposes only. Please refer to Certificate of Coverage as it supersedes this comparison. All rates are estimates and subject to change.

*Rates are based on participation per May billing in the POS 1300 plan.

*Current out-of-network deductible for POS 1300 HSA is \$3000/\$6000.

United HealthCare and Aetna Declined to quoted.



**Otsego Public Schools
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Renewal
POS Plan B

Option 1B
POS HSA 100

| Deductible | | In Network | Out of Network | In Network | Out of Network |
|-------------------------------|-----------|--|------------------------------|--|----------------------|
| Individual | | \$3,000 | \$5,000 | \$3,300 | \$6,600 |
| Family | | \$6,000 | \$10,000 | \$6,600 | \$13,200 |
| Coinsurance - (Plan Pays) | | 80% | 60% | 80% | 60% |
| Coinsurance Maximum | | | | | |
| Individual | | \$2,000 | \$3,000 | \$3,050 | \$6,100 |
| Family | | \$4,000 | \$6,000 | \$6,100 | \$12,200 |
| Out of Pocket Maximum | | Includes Deductible, Coinsurance & Copays | | Includes Deductible, Coinsurance & Copays | |
| Individual | | \$5,000 | \$8,000 | \$6,350 | \$12,700 |
| Family | | \$10,000 | \$16,000 | \$12,700 | \$25,400 |
| Wellness/Preventive | | 100% covered | 60% after deductible | 100% covered | 60% after deductible |
| Office Visit Copay (PCP/Spec) | | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care Copay | | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Emergency Room Copay | | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible |
| Chiropractic | | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| In & Out Patient Services | | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Prescription Copay | | After deductible | | After deductible | |
| | Generic | | \$10 | | \$10 |
| | Brand | | \$40 | | \$40 |
| | Specialty | | \$80 | | \$80 |
| Rates | | Current Monthly Rates | Renewal Monthly Rates | Monthly Rates | |
| Employee | 1 | \$343.29 | \$379.08 | \$362.18 | |
| Double | 0 | \$772.43 | \$852.97 | \$814.95 | |
| Family | 0 | \$858.22 | \$947.69 | \$905.45 | |
| Monthly Premium | | \$343 | \$379 | \$362 | |
| Annual Premium | | \$4,119 | \$4,549 | \$4,346 | |
| Annual Difference | \$ | | \$429 | \$227 | |
| Increase/Decrease | % | | 10.4% | 5.5% | |

This table is for comparison purposes only. Please refer to Certificate of Coverage as it supersedes this comparison. All rates are estimates and subject to change.

*Rates are based on participation per May billing in the POS 3000 plan.



**Otsego Public Schools
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| | | Renewal HMO Plan C | Option 1C | Option 2C |
|-------------------------------|---|--|--|--|
| Deductible | | In Network | In Network | In Network |
| Individual | | \$2,000 | \$2,000 | \$3,000 |
| Family | | \$4,000 | \$4,000 | \$6,000 |
| Coinsurance - (Plan Pays) | | 80% | 70% | 70% |
| Coinsurance Maximum | | | | |
| Individual | | \$2,000 | \$3,000 | \$0 |
| Family | | \$4,000 | \$6,000 | \$0 |
| Out of Pocket Maximum | | Includes Deductible, Coinsurance & Copays | Includes Deductible, Coinsurance & Copays | Includes Deductible, Coinsurance & Copays |
| Individual | | \$4,000 | \$5,000 | \$3,000 |
| Family | | \$8,000 | \$10,000 | \$6,000 |
| Wellness/Preventive | | 100% covered | 100% covered | 100% covered |
| Office Visit Copay (PCP/Spec) | | 80% after deductible | 70% after deductible | 70% after deductible |
| Urgent Care Copay | | 80% after deductible | 70% after deductible | 70% after deductible |
| Emergency Room Copay | | 80% after deductible | 70% after deductible | 70% after deductible |
| Chiropractic | | 80% after deductible | 70% after deductible | 70% after deductible |
| In & Out Patient Services | | 80% after deductible | 70% after deductible | 70% after deductible |
| Prescription Copay | | After deductible | After deductible | After deductible |
| Generic | | \$10 | \$10 | \$10 |
| Brand | | \$40 | \$40 | \$40 |
| Specialty | | \$80 | \$80 | \$80 |
| Rates | | Current Monthly Rates | Renewal Monthly Rates | Monthly Rates |
| Employee | 0 | \$365.71 | \$404.86 | \$385.80 |
| Double | 0 | \$822.88 | \$910.97 | \$868.09 |
| Family | 0 | \$914.28 | \$1,012.14 | \$964.51 |
| | | | | \$384.51 |
| | | | | \$865.19 |
| | | | | \$961.28 |

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*Rates are based on participation per May billing in the HMO 2000 plan.



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| | Benefits |
|------------------------------------|---------------------------|
| Diagnostic and Preventative | 100% |
| Basic Services | 90% |
| Major Services | 60% |
| Deductible | \$0 |
| Annual Maximum | \$1,000 per member |
| Orthodontia | 70% |
| Ortho Lifetime Maximum | \$2,000 per member |
| Rates | Monthly Rates |
| Employee | \$92.62 |
| Double | \$92.62 |
| Family | \$92.62 |

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 All rates are estimates and subject to change.
 Rates are guaranteed to 2018.



**Otsego Public Schools
Effective 9/1/17**

| | Plan 1 | Plan 2 |
|---------------------------------------|-----------------------|-----------------------|
| | In Network | In Network |
| Preventative Exams | \$0 Copay | \$0 Copay |
| Standard Lenses | \$0 Materials Copay | \$0 Materials Copay |
| Frames | Up to \$130 allowance | Up to \$130 allowance |
| Contact Lenses - Medically Necessary | 100% | 100% |
| Contact Lenses - Elective | Up to \$130 | Up to \$130 |
| Frequency (months) Exam/Lens/Frame | 12/12/12 | 12/12/12 |
| Network | EyeMed | VSP |
| Rates | Monthly Rates | Monthly Rates |
| Employee | \$6.57 | \$6.57 |
| Double | \$12.51 | \$12.51 |
| Family | \$18.37 | \$18.37 |

This table is for comparison purposes only. Please refer to Certificate of Coverage as it supersedes this comparison. All rates are estimates and subject to change. Rates are guaranteed to 2018.



Illustrative Rates
Otsego Public Schools

Effective September 1, 2017 through August 31, 2018

| PPO Medical & Prescription Drugs Premium Rates | | | | | | | | | | | | | | | | |
|--|------------|----------|----------------|--------------------|------------|----------|----------------|--------------------|------------|----------|----------------|--------------------|------------|----------|----------------|--------------------|
| Benefit Description: <i>See Benefits at a Glance for full benefit description</i> | PPO Plan 1 | | | | PPO Plan 2 | | | | PPO Plan 3 | | | | PPO Plan 4 | | | |
| | Medical | Rx | * Taxes & Fees | Premium Rates PCPM | Medical | Rx | * Taxes & Fees | Premium Rates PCPM | Medical | Rx | * Taxes & Fees | Premium Rates PCPM | Medical | Rx | * Taxes & Fees | Premium Rates PCPM |
| One Person | \$357.74 | \$78.64 | \$13.60 | \$449.98 | \$318.80 | \$68.57 | \$12.08 | \$399.45 | \$296.05 | \$63.11 | \$11.20 | \$370.36 | \$283.63 | \$60.50 | \$10.73 | \$354.86 |
| Two Person | \$858.58 | \$188.73 | \$32.65 | \$1,079.95 | \$765.12 | \$164.58 | \$28.98 | \$958.68 | \$710.52 | \$151.46 | \$26.87 | \$888.85 | \$680.71 | \$145.20 | \$25.75 | \$851.65 |
| Family | \$1,073.22 | \$235.91 | \$40.81 | \$1,349.94 | \$956.40 | \$205.72 | \$36.23 | \$1,198.35 | \$888.15 | \$189.33 | \$33.59 | \$1,111.07 | \$850.88 | \$181.50 | \$32.18 | \$1,064.57 |
| Complimentary | \$341.69 | \$410.58 | \$23.45 | \$775.72 | \$341.69 | \$410.58 | \$23.45 | \$775.72 | \$341.69 | \$410.58 | \$23.45 | \$775.72 | \$341.69 | \$410.58 | \$23.45 | \$775.72 |

This quote is for financial purposes only.