

Attachment A

Plan 3766 -- 2018 Purposed Modifications	
INN Deductible	\$500 Single / \$1500 Family
OON Deductible	\$1000 Single / \$3000 Family
INN Coinsurance	80%
OON Coinsurance	50%
INN OOP Max	\$4000 Single / \$13200 Family
OON OOP Max	\$8000 Single / Unlimited Family
Emergency Room	\$250 Copay + Deduct + Coins
Rx Retail	\$6 / \$50 / \$75
Rx Mail Order	\$12 / \$100 / \$150
2018 Projected True Rates:	
Single	\$760.97
EE + 1	\$1,342.73
Family	\$1982.66
Employer Contributions	
Single	\$662.05
EE + 1	\$1,114.47
Family	\$1,645.60
Employee Contributions	13%/17%/17% True Rate
Single	\$98.93
EE + 1	\$228.26
Family	\$337.05