

Attachment B

New Plan -- 2018 Purposed

INN Deductible	\$2500 Single / \$5000 Family
OON Deductible	\$5000 Single / \$10000 Family
INN Coinsurance	80%
OON Coinsurance	50%
INN OOP Max	\$6850 Single / \$13700 Family
OON OOP Max	\$13700 Single / Unlimited Family
Emergency Room	\$250 Copay + Deduct + Coins
Rx Retail	\$10 / \$50 / \$100
Rx Mail Order	\$20 / \$100 / \$200
2018 Projected True Rates:	
Single	\$675.25
EE + 1	\$1,191.47
Family	\$1,759.31
Employer Contributions	
Single	\$661.75
EE + 1	\$1,155.73
Family	\$1,688.94
Employee Contributions	
	2%/3%/4% True Rate
Single	\$13.51
EE + 1	\$35.74
Family	\$70.37