

BCBS OPTIONS FOR 2016-2017 PLAN YEAR

<u>Blue Cross Blue Shield -- Blue Choice</u>	TRIPLE OPTION A	TRIPLE OPTION B	TRIPLE OPTION C
Deductible	\$1000 single/\$2,000 family	\$1500 single/\$3000 family	\$2500 single/\$5000 family
Coinsurance	80/20 to \$3000/\$6000	80/20 to \$3000/\$6000	80/20 to \$3000/\$6000
Annual Out of Pocket (deductions/co-insurance)	\$4000 single/\$8000 family	\$4500 single/\$9000 family	\$5500 single/\$11000 family
Office visit co-pay	\$30	\$30	\$30
Emergency Room deductible (waived if admitted)	\$250	\$250	\$250
Lab & X-Ray	Subject to ded/coins	Subject to ded/coins	Subject to ded/coins
Prescription Coverage			
Blue Cross/Shield - 2016-2017 Plan Year			
<u>Retail Co-Pays</u>			
(Mandatory Generic and Phys Override) = MGPO	MGPO	MGPO	MGPO
Generic	\$15/30/45/90/20% up to \$250 copay, Mandatory Generic with Physician Override	\$15/30/45/90/20% up to \$250 copay, Mandatory Generic with Physician Override	\$15/30/45/90/20% up to \$250 copay, Mandatory Generic with Physician Override
Preferred brand (on formulary)			
Non-preferred brand			
<u>Prescription Mail Service Co-Pays</u>	2.5X retail	2.5X retail	2.5X retail
*Cost to Employee for BCBS, Prescriptions & Dental Per Month			
	Certified, Classified and Administrators	Certified, Classified and Administrators	Certified, Classified and Administrators
Employee Only	\$63.96	\$47.18	\$19.74
Employee/Child(ren)	\$679.68	\$644.36	\$586.58
Employee/Spouse	\$704.18	\$668.10	\$609.10
Family	\$1,319.92	\$1,265.28	\$1,175.94
*Premiums for employees revised 7-21-16			
Delta Dental Rates for 2016-2017 Plan Year			
(All groups are the same in price for Delta Dental)			
	* District pays \$19 dental	* District pays \$19 dental	* District pays \$19 dental
Employee Only	\$-0-	\$-0-	\$-0-
Employee/Child(ren)	\$27.94	\$27.94	\$27.94
Employee Spouse	\$18.40	\$18.40	\$18.40
Family	\$55.94	\$55.94	\$55.94

Classified Employees: The premiums above do not reflect reserves, which must be added to cover you for the summer months you will not be working.