



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

**Charlotte Public Schools
All Employees
Assumed Effective Date: 7/1/2017**

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2		Option 3	
	Employees Enrolled in SB 500 20%; \$2500 ECM; \$10/\$40/\$80 Rx		Employees Enrolled in SB HSA 1300 \$1300-0%; \$10/\$40/\$80 Rx		Employees Enrolled in SB HSA 2000 \$2000-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx		McLaren HMO \$500-20%; \$10/\$40/\$80 Rx		McLaren HMO \$1000-20%; \$10/\$40/\$80 Rx		McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	
Rate Period	7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																		
Annual Deductible - 1P	\$500	\$1,300	\$2,000	\$500	\$1,300	\$2,000	\$500	\$1,300	\$2,000	\$500	\$1,000	\$2,000	\$500	\$1,000	\$2,000	\$2,000	\$2,000	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$2,600	\$4,000	\$1,000	\$2,600	\$4,000	\$1,000	\$2,600	\$4,000	\$1,000	\$2,000	\$4,000	\$1,000	\$2,000	\$4,000	\$4,000	\$4,000	\$4,000
Additional Cost After Deductible																		
Employee Coinsurance after Deductible	20%	0%	20%	20%	0%	20%	20%	0%	20%	20%	20%	20%	20%	20%	20%	20%	0%	0%
Coinsurance Max - 1P	\$2,500 (embedded)	\$0	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	\$0
Coinsurance Max - 2P/FF	\$5,000 (embedded)	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$0
Out of Pocket Maximum																		
Max ded, coinsurance, copays - 1P	\$6,350	\$2,250	\$3,000	\$6,350	\$2,250	\$3,000	\$6,350	\$2,250	\$3,000	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$12,700	\$4,500	\$6,000	\$12,700	\$4,500	\$6,000	\$12,700	\$4,500	\$6,000	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$8,000	\$8,000
Copayments																		
Office Visit/Specialist	\$20/\$20	0% after Ded.	20% after Ded.	\$20/\$20	0% after Ded.	20% after Ded.	\$20/\$20	0% after Ded.	20% after Ded.	20% after Ded.	\$30/\$30	\$30/\$30	\$30/\$30	\$30/\$30	\$30/\$30	\$30/\$30	0% after Ded.	0% after Ded.
Urgent Care/ER	\$20/\$150	0% after Ded.	20% after Ded.	\$20/\$150	0% after Ded.	20% after Ded.	\$20/\$150	0% after Ded.	20% after Ded.	20% after Ded.	\$35/\$150	\$35/\$150	\$35/\$150	\$35/\$150	\$35/\$150	\$35/\$150	0% after Ded.	0% after Ded.
Chiropractic Limit/Copay	12/\$20	12/0% after Ded.	12/20% after Ded.	12/\$20	12/0% after Ded.	12/20% after Ded.	12/\$20	12/0% after Ded.	12/20% after Ded.	12/20% after Ded.	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$25/\$40 after Ded.	\$10/\$25/\$40 after Ded.
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$431.90	37	\$405.73	17	\$326.64	58	\$617.74	58	\$518.17	58	\$429.66	58	\$482.14	58	\$459.01	58	\$410.77
Two Person (2P)	0	\$1,036.56	15	\$973.73	10	\$783.93	25	\$1,482.56	25	\$1,243.60	25	\$1,031.19	25	\$1,157.35	25	\$1,101.83	25	\$984.89
Family (FF)	2	\$1,295.70	32	\$1,217.17	41	\$979.91	75	\$1,853.20	75	\$1,554.50	75	\$1,288.98	75	\$1,446.41	75	\$1,377.03	75	\$1,230.39
Total Annual Premium	6	\$51,828	84	\$822,809	68	\$642,822	158	\$2,542,595	158	\$2,132,776	158	\$1,768,482	158	\$1,984,543	158	\$1,889,347	158	\$1,688,714
Combined Current Lives	158		< TOTALS		< TOTALS													
Combined Annual Premium	\$1,517,459		< TOTALS		< TOTALS													

BCBSM:
*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

McLaren:
*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

SET SEG:
*Rates do not include \$7.50 enrollment and billing service fee.