

Monday, August 15, 2016

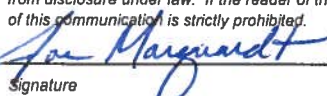
New London SD
RFP Health Plan Options
January 1, 2017



		Option 1		
Health Plan		Essential PPO		
Deductible (Single/Family)				
	Network	\$500/\$1,000		
	Non-Network	\$1,000/\$2,000		
Coinsurance				
	Network	100%		
	Non-Network	80%		
Maximum Out-of-Pocket (Single/Family)				
	Excludes Medical Copayments	No		
	Excludes Pharmacy Copayments	No		
	Network	\$1,500/\$3,000		
	Non-Network	\$3,000/\$6,000		
Copayments		Primary	Specialty	
	Network Office Visit	\$25	\$25	only copay
	Non-Network Office Visit	\$50	\$50	then ded/coins
	Telehealth	\$0		copay only
	Convenient Care	\$5		then ded/coins
	Urgent Care	\$0		then ded/coins
	Emergency Room	\$150		then ded/coins
	High Tech Imaging Copay	\$0/\$0		then ded/coins
	Outpatient Copay	\$0 Network / \$0 non-Network		then ded/coins
	Inpatient Copay	\$0 Network / \$0 non-Network		then ded/coins
	Maximum Out-of-Pocket Medical Copay	\$0/\$0		
Pharmacy				
	Drug Plan	\$0/10/25/50 VCDP		
	Maximum Out-of-Pocket Pharmacy Copay	\$0/\$0		
	Includes Erectile Dysfunction Benefits	No		
	Specialty Pharmacy Coinsurance	No		
Optional Benefits				
	Vision Benefit	Enhanced Vision No Cost Sharing		
	Extraction/Replacement of Teeth	No Extraction Coverage		
	Waiver of Premium	No		
	Enhanced DME	Yes		
Premium Rates		Current	Subscribers	
	Single	44	\$572.78	
	Family	201	\$1,294.85	
	Single Medicare		\$515.94	
	Family Medicare		\$1,031.88	
	Single Medicare w/o Drug		\$138.44	
	Family Medicare w/o Drug		\$276.88	
	Special Medicare (1 over/1 under) both Rx		\$1,088.72	
Monthly Premium		245	\$285,467.17	

Check Box for plan you are Selecting:

The rates include the following commission: This calculation is net of commission
 The rates in this chart are renewal options for illustrative purposes and are not an insurance contract. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.


Signature

10-19-16
Date