

**WHITNALL SCHOOL DISTRICT  
MEDICAL PLAN COMPARISON**

Plan Year: July 1, 2017 through June 30, 2018 (12 months)

Revised  
5/4/17

**HEALTHCARE PROVIDER: ANTHEM**

	PLAN A		PLAN B	
	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit
<b>Deductible</b>				
Single Deductible	\$1,300	\$2,600	\$2,500	\$5,000
Family Deductible	\$2,600	\$5,200	\$5,000	\$10,000
<b>Coinsurance</b>				
Coinsurance	10%	30%	10%	30%
<b>Out-of-Pocket (Includes Deductible)</b>				
Single	\$1,550	\$3,100	\$6,350	\$12,700
Family	\$3,100	\$6,200	\$12,700	\$33,600
<b>Office Visits</b>				
General	10%	30%	10%	30%
Specialist	10%	30%	10%	30%
LiveHealthOnline	\$49 until deductible is met; \$0 afterwards			
<b>Preventive Care</b>				
Preventive Care Services	No Charge	30%	No Charge	30%
Routine Exams	No Charge	30%	No Charge	30%
Immunizations	No Charge	30%	No Charge	30%
<b>Inpatient</b>				
Hospital Services	10%	30%	10%	30%
<b>Outpatient</b>				
Hospital Services	10%	30%	10%	30%
<b>Emergency Room</b>				
ER Services	10%	30%	10%	30%
<b>Urgent Care</b>				
UC Services	10%	30%	10%	30%
<b>Prescription Drugs (Retail)</b>				
Generic (Tier 1)	10%	30%	10%	30%
Preferred Brand (Tier 2)	10%	30%	10%	30%
Non-Preferred (Tier 3)	10%	30%	10%	30%
Specialty (Tier 4)	10%	30%	10%	30%
<b>Health Savings Account Contribution</b>				
Employee		None		\$700
Employee + Spouse		None		\$1,200
Employee + Child(ren)		None		\$1,200
Family		None		\$1,800

NETWORK	PREFERRED							
	PLAN A	Per Month			PLAN B	Per Month		
Contributions		Employee (20%)	Employer	Total		Employee (20%)	Employer	Total
Tiers	Employee	\$155.14	\$620.58	\$775.72	Employee	\$142.72	\$570.94	\$713.66
	Employee + Spouse	\$279.26	\$1,117.04	\$1,396.30	Employee + Spouse	\$256.92	\$1,027.68	\$1,284.60
	Employee + Child(ren)	\$263.74	\$1,054.98	\$1,318.72	Employee + Child(ren)	\$242.64	\$970.58	\$1,213.22
	Family	\$449.92	\$1,799.68	\$2,249.60	Family	\$413.92	\$1,655.72	\$2,069.64

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NETWORK	PRIORITY							
	PLAN A	Per Month			PLAN B	Per Month		
Contributions		Employee (12.6%)	Employer	Total		Employee (12.6%)	Employer	Total
Tiers	Employee	\$78.20	\$542.38	\$620.58	Employee	\$71.94	\$498.98	\$570.92
	Employee + Spouse	\$140.74	\$976.30	\$1,117.04	Employee + Spouse	\$129.48	\$898.20	\$1,027.68
	Employee + Child(ren)	\$132.92	\$922.06	\$1,054.98	Employee + Child(ren)	\$122.28	\$848.30	\$970.58
	Family	\$226.76	\$1,572.92	\$1,799.68	Family	\$208.62	\$1,447.08	\$1,655.70

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Rates shown above are in place through June 30, 2018. Rates will be reset July 1, 2018.

NETWORK	PREFERRED							
	PLAN A	Per Month			PLAN B	Per Month		
Contributions		Employee (30%)	Employer	Total		Employee (30%)	Employer	Total
Tiers	Employee \$	232.72	\$ 543.00	\$ 775.72	Employee \$	214.10	\$ 499.56	\$ 713.66
	Employee + Spouse \$	418.88	\$ 977.42	\$ 1,396.30	Employee + Spouse \$	385.38	\$ 899.22	\$ 1,284.60
	Employee + Child(ren) \$	395.62	\$ 923.10	\$ 1,318.72	Employee + Child(ren) \$	363.96	\$ 849.26	\$ 1,213.22
	Family \$	674.88	\$ 1,574.72	\$ 2,249.60	Family \$	620.89	\$ 1,448.75	\$ 2,069.64

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NETWORK	PRIORITY							
	PLAN A	Per Month			PLAN B	Per Month		
Contributions		Employee (18%)	Employer	Total		Employee (18%)	Employer	Total
Tiers	Employee \$	111.70	\$ 508.88	\$ 620.58	Employee \$	102.76	\$ 468.16	\$ 570.92
	Employee + Spouse \$	201.06	\$ 915.98	\$ 1,117.04	Employee + Spouse \$	184.98	\$ 842.70	\$ 1,027.68
	Employee + Child(ren) \$	189.90	\$ 865.08	\$ 1,054.98	Employee + Child(ren) \$	174.70	\$ 795.88	\$ 970.58
	Family \$	323.94	\$ 1,475.74	\$ 1,799.68	Family \$	298.02	\$ 1,357.68	\$ 1,655.70

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