03/19/2019

Saranac Community Schools - July 2019 Renewal - Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	Priority Health	Priority Health	Priority Health	Priority Health	BCBS	BCBS
Type of Plan	POS	POS	HMO	POS	PPO	PPO
Network	Priority Health	Priority Health	Priority Health	Priority Health	BCBS	BCBS
In Network	CURRENT Option 1	RENEWAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Deductible (Single/Family)	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500	$1,000/$2,000
Coinsurance	0%	0%	0%	10%	20%	0%
Coinsurance Max	$0/$0	$0/$0	$0/$0	$1,000/$2,000	$1,500/$3,000	$0/$0
Out of Pocket Max (Single/Family)	$7,150/$14,300	$7,350/$14,700	$7,350/$14,700	$7,350/$14,700	$6,850/$13,700	$6,350/$12,700
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 0%
Primary Care Visits	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$20 Copay	$30 Copay
Specialist Copay	After deductible, $10 Copay	After deductible, $10 Copay	After deductible, $10 Copay	After deductible, $10 Copay	$20 Copay	$30 Copay
PT/OT/Chiro Copays, Visits	After deductible, $10 Copay, 60/year	After deductible, $10 Copay, 60/year	After deductible, $10 Copay, 60/year	After deductible, $10 Copay, 60/year	PT/OT After deductible, 20%, 30/year Chiro $20 Copay, 12/year	PT/OT After deductible, 0%, 30/year Chiro $30 Copay, 12/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 0%
Urgent Care	After deductible, $10 Copay	After deductible, $10 Copay	After deductible, $10 Copay	After deductible, $10 Copay	$20 Copay	$30 Copay
Hospital Emergency Room	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $150 Copay	After deductible, $150 Copay
Ambulance	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, 20%	After deductible, 0%
Prescription Drug Copays	$10/$40	$10/$40	$10/$40	$10/$40	$10/$40/$80	$10/$40/$80
Out of Network						
Deductible (Single/Family)	$1,500/$3,000	$1,500/$3,000	N/A	$1,500/$3,000	$1,000/$3,000	$2,000/$4,000
Coinsurance	20%	20%	N/A	30%	40%	20%
Coinsurance Max	$1,500/$3,000	$1,500/$3,000	N/A	$2,000/$4,000	$3,000/$6,000	N/A
Out of Pocket Max (Single/Family)	$14,300/$28,600	$14,700/$29,400	N/A	$14,700/$29,400	$13,700/$24,400	$12,700/$25,400
Primary Care Visits	After deductible, 20%	After deductible, 20%	N/A	After deductible, 30%	After deductible, 40%	After deductible, 20%
Specialist	After deductible, 20%	After deductible, 20%	N/A	After deductible, 30%	After deductible, 40%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 50%	After deductible, 50%	N/A	After deductible, 50%	After deductible, 40%	After deductible, 20%
Durable Medical/P&O	After deductible, 50%	After deductible, 50%	N/A	After deductible, 50%	After deductible, 20%	After deductible, 0%
Urgent Care	After deductible, 20%	After deductible, 20%	After deductible, $10 Copay	After deductible, 30%	After deductible, 40%	After deductible, 20%
Hospital Emergency Room	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $150 Copay	After deductible, $150 Copay
Ambulance	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $50 Copay	After deductible, 20%	After deductible, 0%
Premium Rates	CURRENT Option 1	RENEWAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Single: (1)	$ 702.27	$ 702.67	$ 640.18	$ 666.06	$ 520.83	$ 534.88
Double: (0)	$ 1,468.65	$ 1,469.49	$ 1,338.81	$ 1,392.93	$ 1,249.98	$ 1,283.69
Family: (2)	$ 1,915.30	$ 1,916.39	$ 1,745.97	$ 1,816.54	$ 1,562.49	$ 1,604.62
Estimated Monthly Premium	$ 4,532.87	$ 4,535.45	$ 4,132.12	$ 4,299.14	$ 3,645.81	$ 3,744.12
Yearly Premium	$ 54,394.44	$ 54,425.40	$ 49,585.44	$ 51,589.68	$ 43,749.72	$ 44,929.44
% of difference from Current		0.06%	-8.84%	-5.16%	-19.57%	-17.40%

**Priority Health rates include hearing rider which includes one hearing test plus one hearing aid every 36 contract months; in network only.*

**All premiums include taxes, fees and agent commissions.*

03/19/2019

Saranac Community Schools - July 2019 Renewal - Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	Priority Health	Priority Health		Priority Health	Priority Health	BCBS	Priority Health
Type of Plan	POS	POS		POS	POS	PPO	HMO
Network	Priority Health	Priority Health		Priority Health	Priority Health	BCBS	Priority Health
In Network	CURRENT Option 1	OPTION 5		CURRENT Option 2	RENEWAL	OPTION 1	OPTION 2
Deductible (Single/Family)	$750/$1,500	$1,000/$2,000		$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000
Coinsurance	0%	10%		0%	0%	0%	0%
Coinsurance Max	$0/$0	$1,000/$2,000		$0/$0	$0/$0	$0/$0	$0/$0
Out of Pocket Max (Single/Family)	$7,150/$14,300	$7,350/$14,700		$7,150/$14,300	$7,350/$14,700	$6,350/$12,700	$7,350/$14,700
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 10%		After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Primary Care Visits	$10 Copay	$10 Copay		$10 Copay	$10 Copay	$30 Copay	$10 Copay
Specialist Copay	After deductible, $10 Copay	After deductible, $10 Copay		After deductible, $10 Copay	After deductible, $10 Copay	$30 Copay	After deductible, $10 Copay
PT/OT/Chiro Visit Copays	After deductible, $10 Copay, 60/year	After deductible, $10 Copay, 60/year		After deductible, $10 Copay, 60/year	After deductible, $10 Copay, 60/year	PT/OT After deductible, 0%, 30/year Chiro $30 Copay, 12/year	After deductible, $10 Copay, 60/year
Durable Medical/P&O	After deductible, 0%	After deductible, 10%		After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Urgent Care	After deductible, $10 Copay	After deductible, $10 Copay		After deductible, $10 Copay	After deductible, $10 Copay	$30 Copay	After deductible, $10 Copay
Hospital Emergency Room	After deductible, $50 Copay	After deductible, $50 Copay		After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $150 Copay	After deductible, $50 Copay
Ambulance	After deductible, $50 Copay	After deductible, $50 Copay		After deductible, $50 Copay	After deductible, $50 Copay	After deductible, 0%	After deductible, $50 Copay
Prescription Drug Copays	$10/$40	$10/$40		$10/$40	$10/$40	$10/$40/$80	$10/$40
Out of Network							
Deductible (Single/Family)	$1,500/$3,000	$2,000/$4,000		$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	N/A
Coinsurance	20%	30%		20%	20%	20%	N/A
Coinsurance Max	$1,500/$3,000	$2,000/$4,000		$1,500/$3,000	$1,500/$3,000	N/A	N/A
Out of Pocket Max (Single/Family)	$14,300/$28,600	$14,700/$29,400		$14,300/$28,600	$14,700/$29,400	$12,700/$25,400	N/A
Primary Care Visits	After deductible, 20%	After deductible, 30%		After deductible, 20%	After deductible, 20%	After deductible, 20%	N/A
Specialist	After deductible, 20%	After deductible, 30%		After deductible, 20%	After deductible, 20%	After deductible, 20%	N/A
PT/OT/Chiro Visit Copays	After deductible, 50%	After deductible, 50%		After deductible, 50%	After deductible, 50%	After deductible, 20%	N/A
Durable Medical/P&O	After deductible, 50%	After deductible, 50%		After deductible, 50%	After deductible, 50%	After deductible, 0%	N/A
Urgent Care	After deductible, 20%	After deductible, 30%		After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, $10 Copay
Hospital Emergency Room	After deductible, $50 Copay	After deductible, $50 Copay		After deductible, $50 Copay	After deductible, $50 Copay	After deductible, $150 Copay	After deductible, $50 Copay
Ambulance	After deductible, $50 Copay	After deductible, $50 Copay		After deductible, $50 Copay	After deductible, $50 Copay	After deductible, 0%	After deductible, $50 Copay
Premium Rates	CURRENT Option 1	OPTION 5	Premium Rates	CURRENT Option 2	RENEWAL	OPTION 1	OPTION 2
Single: (1)	$ 702.27	$ 643.13	Single: (3)	$ 635.28	$ 633.47	$ 509.77	$ 577.58
Double: (0)	$ 1,468.65	$ 1,344.98	Double: (1)	$ 1,328.56	$ 1,324.78	$ 1,223.45	$ 1,207.89
Family: (2)	$ 1,915.30	$ 1,754.01	Family: (4)	$ 1,732.60	$ 1,727.66	$ 1,529.31	$ 1,575.23
Estimated Monthly Premium	$ 4,532.87	$ 4,151.15		$ 10,164.80	$ 10,135.83	$ 8,870.00	$ 9,241.55
Yearly Premium	$ 54,394.44	$ 49,813.80		$ 121,977.60	$ 121,629.96	$ 106,440.00	$ 110,898.60
% of difference from Current		-8.42%			-0.29%	-12.74%	-9.08%

**Priority Health rates include hearing rider which includes one hearing test plus one hearing aid every 36 contract months; in network only.*

**All premiums include taxes, fees and agent commissions.*

03/19/2019

Saranac Community Schools - July 2019 Renewal - Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	Priority Health	Priority Health	BCBS	Priority Health	Priority Health	BCBS
Type of Plan	POS - HSA	POS - HSA	PPO - HSA	HMO - HSA	POS - HSA	PPO - HSA
Network	Priority Health	Priority Health	BCBS	Priority Health	Priority Health	BCBS
In Network	CURRENT Option 3	RENEWAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Deductible (Single/Family)	$1,350/$2,700	$1,350/$2,700	$1,350/$2,700	$1,350/$2,700	$1,350/$2,700	$1,350/$2,700
Coinsurance	10%	10%	0%	10%	20%	20%
Coinsurance Max	$650/$1,300	$650/$1,300	$0/$0	$650/$1,300	$650/$1,300	$900/$1,800
Out of Pocket Max (Single/Family)	$2,000/$4,000	$2,000/$4,000	$2,250/$4,500	$2,000/$4,000	$2,000/$4,000	$2,250/$4,500
Inpatient & Outpatient Hospital	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Primary Care Visits	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Specialist Copay	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 10%, 60/year	After deductible, 10%, 60/year	After deductible, 0%, PT/OT 30/year Chiro 12/year	After deductible, 10%, 60/year	After deductible, 20%, 60/year	After deductible, 20%, PT/OT 30/year Chiro 12/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Urgent Care	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Hospital Emergency Room	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Ambulance	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Prescription Drug Copays	After deductible, $10/$40	After deductible, $10/$40	After deductible, $10/$40/$80	After deductible, $10/$40	After deductible, $10/$40	After deductible, $10/$40/$80
Out of Network						
Deductible (Single/Family)	$3,000/$6,000	$3,000/$6,000	$2,700/$5,400	N/A	$3,000/$6,000	$2,700/$5,400
Coinsurance	30%	30%	20%	N/A	40%	40%
Coinsurance Max	$1,000/$2,000	$1,000/$2,000	$1,800/$3,600	N/A	$1,000/$2,000	$1,800/$3,600
Out of Pocket Max (Single/Family)	$4,000/$8,000	$4,000/$8,000	$4,500/$9,000	N/A	$4,000/$8,000	$4,500/$9,000
Primary Care Visits	After deductible, 30%	After deductible, 30%	After deductible, 20%	N/A	After deductible, 40%	After deductible, 40%
Specialist	After deductible, 30%	After deductible, 30%	After deductible, 20%	N/A	After deductible, 40%	After deductible, 40%
PT/OT/Chiro Visit Copays	After deductible, 30%	After deductible, 30%	After deductible, 20%	N/A	After deductible, 40%	After deductible, 40%
Durable Medical/P&O	After deductible, 50%	After deductible, 50%	After deductible, 0%	N/A	After deductible, 50%	After deductible, 20%
Urgent Care	After deductible, 30%	After deductible, 30%	After deductible, 20%	After deductible, 10%	After deductible, 40%	After deductible, 40%
Hospital Emergency Room	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Ambulance	After deductible, 10%	After deductible, 10%	After deductible, 0%	After deductible, 10%	After deductible, 20%	After deductible, 20%
Premium Rates	CURRENT Option 3	RENEWAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Single (3)	$ 523.77	$ 528.38	$ 484.70	$ 484.99	$ 513.88	$ 454.81
Double (7)	$ 1,095.36	$ 1,105.00	$ 1,163.29	$ 1,014.25	$ 1,074.68	$ 1,091.52
Family (19)	$ 1,428.47	$ 1,441.05	$ 1,454.11	$ 1,322.71	$ 1,401.51	$ 1,364.41
Estimated Monthly Premium	$ 36,379.76	$ 36,700.09	$ 37,225.22	$ 33,686.21	$ 35,693.09	$ 34,928.86
Yearly Premium	$ 436,557.12	$ 440,401.08	$ 446,702.64	$ 404,234.52	$ 428,317.08	$ 419,146.32
% of difference from Current		0.88%	2.32%	-7.40%	-1.89%	-3.99%

**Priority Health rates include hearing rider which includes one hearing test plus one hearing aid every 36 contract months; in network only.*

**All premiums include taxes, fees and agent commissions.*

Saranac Community Schools - July 2019 Renewal - Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	Priority Health	Priority Health
Type of Plan	POS - HSA	HMO - HSA
Network	Priority Health	Priority Health
In Network	CURRENT Option 3	OPTION 5
Deductible (Single/Family)	$1,350/$2,700	$1,350/$2,700
Coinsurance	10%	20%
Coinsurance Max	$650/$1,300	$650/$1,300
Out of Pocket Max (Single/Family)	$2,000/$4,000	$2,000/$4,000
Inpatient & Outpatient Hospital	After deductible, 10%	After deductible, 20%
Primary Care Visits	After deductible, 10%	After deductible, 20%
Specialist Copay	After deductible, 10%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 10%, 60/year	After deductible, 20%, 60/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%
Urgent Care	After deductible, 10%	After deductible, 20%
Hospital Emergency Room	After deductible, 10%	After deductible, 20%
Ambulance	After deductible, 10%	After deductible, 20%
Prescription Drug Copays	After deductible, $10/$40	After deductible, $10/$40
Out of Network		
Deductible (Single/Family)	$3,000/$6,000	N/A
Coinsurance	30%	N/A
Coinsurance Max	$1,000/$2,000	N/A
Out of Pocket Max (Single/Family)	$4,000/$8,000	N/A
Primary Care Visits	After deductible, 30%	N/A
Specialist	After deductible, 30%	N/A
PT/OT/Chiro Visit Copays	After deductible, 30%	N/A
Durable Medical/P&O	After deductible, 50%	N/A
Urgent Care	After deductible, 30%	After deductible, 20%
Hospital Emergency Room	After deductible, 10%	After deductible, 20%
Ambulance	After deductible, 10%	After deductible, 20%
Premium Rates	CURRENT Option 3	OPTION 5
Single (3)	**$ 523.77**	**$ 472.31**
Double (7)	**$ 1,095.36**	**$ 987.74**
Family (19)	**$ 1,428.47**	**$ 1,288.14**
Estimated Monthly Premium	**$ 36,379.76**	**$ 32,805.77**
Yearly Premium	$ 436,557.12	$ 393,669.24
% of difference from Current		**-9.82%**

**Priority Health rates include hearing rider which includes one hearing test plus one hearing aid every 36 contract months; in network only.*

**All premiums include taxes, fees and agent commissions.*