

**Pottsville Public Schools Administration, July 2016 Renewal
Presented by Patty Siegel, Advanced Health Sales Consulting, LLC**

Insurance Company	McLaren	McLaren	Blue Care Network	Physicians Health Plan
Type of Plan	POS	POS	HMO	HMO
Network	McLaren	McLaren	BCN	Physicians Health Plan
In Network	Current	Renewal	Option 2	Option 3
Deductible (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	70%	70%	80%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$3,500/\$7,000	\$3,350/\$6,700
Out of Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,600/\$13,200	\$6,350/\$12,700
Inpatient & Outpatient Hospital	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%
Office Visit Copays	\$40 Copay	\$40 Copay	\$30 Copay*	\$30 Copay
Chiropractic Visit copays	Covered at 100% up to \$1000 per person, deductible does not apply	Covered at 100% up to \$1000 per person, deductible does not apply	After deductible, 80%	\$30 Copay
Specialist	\$40 Copay	\$40 Copay	\$30 Copay*	\$30 Copay
Urgent Care	\$50 Copay	\$50 Copay	\$30 Copay*	\$30 Copay
Hospital Emergency Room	\$250 Copay	\$250 Copay	Copay*	\$150 Copay
Ambulance	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$20/\$50/\$80	\$20/\$50/\$80	\$4/\$40/\$80/20%/20%	\$10/\$40/\$80
Out of Network				
Deductible (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	NA	NA
Coinsurance	70%	70%	NA	NA
Coinsurance Max	\$3,000/\$6,000	\$3,000/\$6,000	NA	NA
Out of Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	NA	NA
Office Visit Copays	After deductible, 70%	After deductible, 70%	NA	NA
Chiropractic Visit copays	Covered at 100% up to \$1000 per person, deductible does not apply	Covered at 100% up to \$1000 per person, deductible does not apply		
Specialist	After deductible, 70%	After deductible, 70%	NA	NA
Urgent Care	\$50 Copay	\$50 Copay	\$30 Copay*	\$30 Copay
Hospital Emergency Room	\$250 Copay	\$250 Copay	After deductible, \$150	\$150 Copay
Ambulance	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%
Premium Rates	Current	Renewal	Option 2	Option 3
Single (9)	\$ 286.74	\$ 346.59	\$ 367.44	\$ 420.01
Double (5)	\$ 662.43	\$ 825.73	\$ 881.86	\$ 1,000.64
Family (5)	\$ 811.32	\$ 923.97	\$ 992.09	\$ 1,119.69
Estimated Taxes & Fees	Included	Included	Included	Included
Estimated Monthly Premium	\$ 9,949.37	\$ 11,867.81	\$ 12,676.71	\$ 14,381.74
Yearly Premium	\$ 119,392.49	\$ 142,413.72	\$ 152,120.52	\$ 172,580.88
% of difference from Current		19%	27%	45%

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Insurance Company	McLaren	McLaren
Type of Plan	POS	POS
Network	McLaren	McLaren
In Network	Current	Option 4
Deductible (Single/Family)	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	70%	90%
Coinsurance Max	\$2,000/\$4,000	\$1,000/\$2,000
Out of Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700
Inpatient & Outpatient Hospital Office Visit Copays	After deductible, 70% \$40 Copay	After deductible, 90% \$40 Copay
Chiropractic Visit copays	Covered at 100% up to \$1000 per person, deductible does not apply	Covered at 100% up to \$1000 per person, deductible does not apply
Specialist	\$40 Copay	\$40 Copay
Urgent Care	\$50 Copay	\$50 Copay
Hospital Emergency Room	\$250 Copay	\$250 Copay
Ambulance	After deductible, 70%	After deductible, 80%
Prescription Drug Copays	\$20/\$50/\$80	\$20/\$50/\$80
Out of Network		
Deductible (Single/Family)	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	70%	70%
Coinsurance Max	\$3,000/\$6,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700
Office Visit Copays	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	Covered at 100% up to \$1000 per person, deductible does not apply	Covered at 100% up to \$1000 per person, deductible does not apply
Specialist	After deductible, 70%	After deductible, 70%
Urgent Care	\$50 Copay	\$50 Copay
Hospital Emergency Room	\$250 Copay	\$250 Copay
Ambulance	After deductible, 70%	After deductible, 80%
Premium Rates	Current	Option 4
Single (9)	\$ 286.74	\$ 341.03
Double (5)	\$ 662.43	\$ 812.48
Family (5)	\$ 811.32	\$ 909.15
Estimated Taxes & Fees	Included	Included
Estimated Monthly Premium	\$ 9,949.37	\$ 11,677.42
Yearly Premium	\$ 119,392.40	\$ 140,129.04
% of difference from Current		17%