

Buchanan Community Schools - July 2020 DISTRICT RENEWAL
Presented by Patty Pasick, Advanced Health Sales Consulting, LLC

Insurance Company	Priority Health	Priority Health	BCBS	Priority Health	Priority Health
Type of Plan	POS	POS	PPO	POS	POS
Network	Priority and CIGNA	Priority and CIGNA	BCBS	Priority and CIGNA	Priority and CIGNA
In Network	CURRENT Plan 1	RENEWAL Plan 1	Plan 1 - Option 1	Plan 1 - Option 2	Plan 1 - Option 3
Deductible (Single/Family)	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Coinsurance	0%	0%	0%	0%	0%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$7,350/\$14,700	\$7,900/\$15,800	\$7,350/\$14,700	\$7,900/\$15,800	\$7,900/\$15,800
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Primary Care Visits	\$25 Copay	\$25 Copay	\$20 Copay	\$25 Copay	\$25 Copay
Specialist Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
PT/OT/Chiro Visit Copays	\$25 Copay, Chiro 30/year PT/OT 60/year	\$25 Copay, Chiro 30/year PT/OT 60/year	\$20 Copay, Chiro 12/year PT/OT 30/year	\$25 Copay, Chiro 30/year PT/OT 60/year	\$25 Copay, Chiro 30/year PT/OT 60/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Urgent Care	\$75 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$100 Copay	\$100 Copay	\$150 Copay	\$100 Copay	\$100 Copay
Ambulance	\$150 Copay	\$150 Copay	After deductible, 0%	\$150 Copay	\$150 Copay
Prescription Drug Copays	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network					
Deductible (Single/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%	20%	20%	20%	20%
Coinsurance Max	\$4,000/\$8,000	\$4,000/\$8,000	N/A	\$4,000/\$8,000	\$4,000/\$8,000
Out of Pocket Max (Single/Family)	\$14,700/\$29,400	\$15,800/\$31,600	\$14,700/\$29,400	\$15,800/\$31,600	\$15,800/\$31,600
Primary Care Visits	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
Specialist	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
Durable Medical/P&O	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
Urgent Care	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%	After deductible, 20%
Hospital Emergency Room	\$100 Copay	\$100 Copay	\$150 Copay	\$100 Copay	\$100 Copay
Ambulance	\$150 Copay	\$150 Copay	After deductible, 0%	\$150 Copay	\$150 Copay
Monthly Premium Rates	CURRENT Plan 1	RENEWAL Plan 1	Plan 1 - Option 1	Plan 1 - Option 2	Plan 1 - Option 3
Single: (9)	\$ 692.91	\$ 753.28	\$ 598.80	\$ 732.59	\$ 714.07
Double: (3)	\$ 1,557.39	\$ 1,693.07	\$ 1,437.12	\$ 1,646.57	\$ 1,609.94
Family: (8)	\$ 1,937.72	\$ 2,106.54	\$ 1,796.40	\$ 2,048.69	\$ 1,996.90
Estimated Monthly Premium	\$ 26,410.12	\$ 28,711.05	\$ 24,071.76	\$ 27,922.54	\$ 27,231.65
Estimated Yearly Premium	\$ 316,921.44	\$ 344,532.60	\$ 288,861.12	\$ 335,070.48	\$ 326,779.80
% of Change from CURRENT		8.71%	-8.85%	5.73%	3.11%

4/9/2020

**Buchanan Community Schools - July 2020 DISTRICT RENEWAL
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Insurance Company	Priority Health	Priority Health	BCBS	Priority Health	Priority Health
Type of Plan	POS	POS	PPO	POS	POS
Network	Priority and CIGNA	Priority and CIGNA	BCBS	Priority and CIGNA	Priority and CIGNA
In Network	CURRENT Plan 1	RENEWAL Plan 1	Plan 1 - Option 1	Plan 1 - Option 2	Plan 1 - Option 3
Deductible (Single/Family)	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Coinsurance	0%	0%	0%	0%	0%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$7,350/\$14,700	\$7,900/\$15,800	\$7,350/\$14,700	\$7,900/\$15,800	\$7,900/\$15,800
Monthly Premium Rates	CURRENT Plan 1	RENEWAL Plan 1	Plan 1 - Option 1	Plan 1 - Option 2	Plan 1 - Option 3
Single: (9)	\$ 692.91	\$ 753.28	\$ 598.80	\$ 732.59	\$ 714.07
Double: (3)	\$ 1,557.39	\$ 1,693.07	\$ 1,437.12	\$ 1,646.57	\$ 1,609.94
Family: (8)	\$ 1,937.72	\$ 2,106.54	\$ 1,796.40	\$ 2,048.69	\$ 1,996.90
Estimated Monthly Premium	\$ 26,410.12	\$ 28,711.05	\$ 24,071.76	\$ 27,922.54	\$ 27,231.65
Estimated Yearly Premium	\$ 316,921.44	\$ 344,532.60	\$ 288,861.12	\$ 335,070.48	\$ 326,779.80
% of Change from CURRENT		8.71%	-8.85%	5.73%	3.11%
Monthly Premium Rates	CURRENT Plan 1	RENEWAL Plan 1	Plan 1 - Option 1	Plan 1 - Option 2	Plan 1 - Option 3
2020-2021 Monthly State Caps	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY
Single	\$568.24	\$ 135.82	\$ 30.56	\$ 164.35	\$ 145.83
Double	\$1,188.36	\$ 392.33	\$ 248.76	\$ 458.21	\$ 421.58
Family	\$1,549.75	\$ 418.37	\$ 246.65	\$ 498.94	\$ 447.15

**Buchanan Community Schools - July 2020 DISTRICT RENEWAL
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Insurance Company	Priority Health	Priority Health	BCBS
Type of Plan	POS - HSA	POS - HSA	PPO - HSA
Network	Priority and CIGNA	Priority and CIGNA	BCBS
In Network	CURRENT Plan 2	RENEWAL Plan 2	Plan 2 - Option 1
Deductible (Single/Family)	\$1,350/\$2,700	\$1,400/\$2,800	\$1,400/\$2,800
Coinsurance	0%	0%	0%
Coinsurance Max	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 0%	After deductible, 0%
Primary Care Visits	After deductible, 0%	After deductible, 0%	After deductible, 0%
Specialist Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%
PT/OT/Chiro Visit Copays	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 0% Chiro 12/year PT/OT 30/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 0%
Urgent Care	After deductible, 0%	After deductible, 0%	After deductible, 0%
Hospital Emergency Room	After deductible, 0%	After deductible, 0%	After deductible, 0%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%
Prescription Drug Copays	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network			
Deductible (Single/Family)	\$2,700/\$5,400	\$2,800/\$5,600	\$2,800/\$5,600
Coinsurance	20%	20%	20%
Coinsurance Max	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$4,000/\$8,000	\$4,000/\$8,000	\$4,500/\$9,000
Primary Care Visits	After deductible, 20%	After deductible, 20%	After deductible, 20%
Specialist	After deductible, 20%	After deductible, 20%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 20%	After deductible, 20%	After deductible, 20%
Durable Medical/P&O	After deductible, 50%	After deductible, 50%	After deductible, 20%
Urgent Care	After deductible, 20%	After deductible, 20%	After deductible, 20%
Hospital Emergency Room	After deductible, 0%	After deductible, 0%	After deductible, 0%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%
Monthly Premium Rates	CURRENT Plan 2	RENEWAL Plan 2	Plan 2 - Option 1
Single: (7)	\$ 582.74	\$ 627.93	\$ 506.81
Double: (6)	\$ 1,309.77	\$ 1,411.34	\$ 1,216.35
Family: (20)	\$ 1,629.63	\$ 1,756.01	\$ 1,520.43
Estimated Monthly Premium	\$ 44,530.40	\$ 47,983.75	\$ 41,254.37
Estimated Yearly Premium	\$ 534,364.80	\$ 575,805.00	\$ 495,052.44
% of Change from CURRENT		7.76%	-7.36%

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Insurance Company		Priority Health	Priority Health	BCBS
Type of Plan		POS - HSA	POS - HSA	PPO - HSA
Network		Priority and CIGNA	Priority and CIGNA	BCBS
In Network		CURRENT Plan 2	RENEWAL Plan 2	Plan 2 - Option 1
Deductible (Single/Family)		\$1,350/\$2,700	\$1,400/\$2,800	\$1,400/\$2,800
Coinsurance		0%	0%	0%
Coinsurance Max		N/A	N/A	N/A
Out of Pocket Max (Single/Family)		\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500
Monthly Premium Rates		CURRENT Plan 2	RENEWAL Plan 2	Plan 2 - Option 1
Single: (7)		\$ 582.74	\$ 627.93	\$ 506.81
Double: (6)		\$ 1,309.77	\$ 1,411.34	\$ 1,216.35
Family: (20)		\$ 1,629.63	\$ 1,756.01	\$ 1,520.43
Estimated Monthly Premium		\$ 44,530.40	\$ 47,983.75	\$ 41,254.37
Estimated Yearly Premium		\$ 534,364.80	\$ 575,805.00	\$ 495,052.44
% of Change from CURRENT			7.76%	-7.36%
Monthly Premium Rates		CURRENT Plan 2	RENEWAL Plan 2	Plan 2 - Option 1
2020-2021 Monthly State Caps		EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY
Single	\$568.24	\$ 25.65	\$ 59.69	\$ (61.43)
Double	\$1,188.36	\$ 144.71	\$ 222.98	\$ 27.99
Family	\$1,549.75	\$ 110.28	\$ 206.26	\$ (29.32)

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Insurance Company	Priority Health	Priority Health	BCBS
Type of Plan	POS - HSA	POS - HSA	PPO - HSA
Network	Priority and CIGNA	Priority and CIGNA	BCBS
In Network	CURRENT Plan 3	RENEWAL Plan 3	Plan 3 - Option 1
Deductible (Single/Family)	\$1,350/\$2,700	\$1,400/\$2,800	\$1,400/\$2,800
Coinsurance	20%	20%	20%
Coinsurance Max	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500
Inpatient & Outpatient Hospital	After deductible, 20%	After deductible, 20%	After deductible, 20%
Primary Care Visits	After deductible, 20%	After deductible, 20%	After deductible, 20%
Specialist Copay	After deductible, 20%	After deductible, 20%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 20% Chiro 30/year PT/OT 60/year	After deductible, 20% Chiro 30/year PT/OT 60/year	After deductible, 20% Chiro 12/year PT/OT 30/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 20%
Urgent Care	After deductible, 20%	After deductible, 20%	After deductible, 20%
Hospital Emergency Room	After deductible, 20%	After deductible, 20%	After deductible, 20%
Ambulance	After deductible, 20%	After deductible, 20%	After deductible, 20%
Prescription Drug Copays	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network			
Deductible (Single/Family)	\$2,700/\$5,400	\$2,800/\$5,600	\$2,800/\$5,600
Coinsurance	40%	40%	40%
Coinsurance Max	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$4,000/\$8,000	\$4,000/\$8,000	\$4,500/\$9,000
Primary Care Visits	After deductible, 40%	After deductible, 40%	After deductible, 40%
Specialist	After deductible, 40%	After deductible, 40%	After deductible, 40%
PT/OT/Chiro Visit Copays	After deductible, 40%	After deductible, 40%	After deductible, 40%
Durable Medical/P&O	After deductible, 50%	After deductible, 50%	After deductible, 40%
Urgent Care	After deductible, 40%	After deductible, 40%	After deductible, 40%
Hospital Emergency Room	After deductible, 20%	After deductible, 20%	After deductible, 20%
Ambulance	After deductible, 20%	After deductible, 20%	After deductible, 20%
Monthly Premium Rates	CURRENT Plan 3	RENEWAL Plan 3	Plan 3 - Option 1
Single: (14)	\$ 510.20	\$ 550.26	\$ 477.74
Double: (4)	\$ 1,146.73	\$ 1,236.76	\$ 1,146.57
Family: (13)	\$ 1,426.77	\$ 1,538.81	\$ 1,433.21
Estimated Monthly Premium	\$ 30,277.73	\$ 32,655.21	\$ 29,906.37
Estimated Yearly Premium	\$ 363,332.76	\$ 391,862.52	\$ 358,876.44
% of Change from CURRENT		7.85%	-1.23%

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Insurance Company		Priority Health	Priority Health	BCBS
Type of Plan		POS - HSA	POS - HSA	PPO - HSA
Network		Priority and CIGNA	Priority and CIGNA	BCBS
In Network		CURRENT Plan 3	RENEWAL Plan 3	Plan 3 - Option 1
Deductible (Single/Family)		\$1,350/\$2,700	\$1,400/\$2,800	\$1,400/\$2,800
Coinsurance		20%	20%	20%
Coinsurance Max		N/A	N/A	N/A
Out of Pocket Max (Single/Family)		\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500
Monthly Premium Rates		CURRENT Plan 3	RENEWAL Plan 3	Plan 3 - Option 1
Single: (14)		\$ 510.20	\$ 550.26	\$ 477.74
Double: (4)		\$ 1,146.73	\$ 1,236.76	\$ 1,146.57
Family: (13)		\$ 1,426.77	\$ 1,538.81	\$ 1,433.21
Estimated Monthly Premium		\$ 30,277.73	\$ 32,655.21	\$ 29,906.37
Estimated Yearly Premium		\$ 363,332.76	\$ 391,862.52	\$ 358,876.44
% of Change from CURRENT			7.85%	-1.23%
Monthly Premium Rates		CURRENT Plan 3	RENEWAL Plan 3	Plan 3 - Option 1
2020-2021 Monthly State Caps		EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY
Single	\$568.24	\$ (46.89)	\$ (17.98)	\$ (90.50)
Double	\$1,188.36	\$ (18.33)	\$ 48.40	\$ (41.79)
Family	\$1,549.75	\$ (92.58)	\$ (10.94)	\$ (116.54)

Buchanan Community Schools - July 2020 DISTRICT RENEWAL
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Insurance Company	Priority Health	Priority Health	Blue Care Network	Blue Care Network	Priority Health
Type of Plan	HMO - HSA	HMO - HSA	HMO - HSA	HMO - HSA	HMO - HSA
Network	Priority Health	Priority Health	BCN	BCN	Priority Health
In Network	CURRENT Plan 4	RENEWAL Plan 4	Plan 4 - Option 1	Plan 4 - Option 2	Plan 4 - Option 3
Deductible (Single/Family)	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb
Coinsurance	100%	100%	100%	100%	20%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$6,000/\$12,000 emb	\$6,000/\$12,000 emb	\$6,350/\$12,700 emb	\$6,350/\$12,700 emb	\$6,000/\$12,000 emb
Inpatient & Outpatient Hospital	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Primary Care Visits	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Specialist Copay	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
PT/OT/Chiro Visit Copays	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 0% Chiro 30/year PT/OT 60/year	After deductible, 20% Chiro 30/year PT/OT 60/year
Durable Medical/P&O	After deductible, 0%	After deductible, 0%	After deductible, 50%	After deductible, 50%	After deductible, 20%
Urgent Care	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%
Hospital Emergency Room	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Prescription Drug Copays	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$30/\$60/\$80/20%/20%	After deductible, \$10/\$30/\$60/\$80/20%/20%	After deductible, \$10/\$40/\$80
Out of Network					
Deductible (Single/Family)	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	N/A	N/A	N/A	N/A	N/A
Primary Care Visits	N/A	N/A	N/A	N/A	N/A
Specialist	N/A	N/A	N/A	N/A	N/A
PT/OT/Chiro Visit Copays	N/A	N/A	N/A	N/A	N/A
Durable Medical/P&O	N/A	N/A	N/A	N/A	N/A
Urgent Care	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Hospital Emergency Room	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Ambulance	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 0%	After deductible, 20%
Monthly Premium Rates	CURRENT Plan 4	RENEWAL Plan 4	Plan 4 - Option 1	Plan 4 - Option 2	Plan 4 - Option 3
Single: (8)	\$ 425.33	\$ 471.46	\$ 365.88	\$ 368.83	\$ 417.40
Double: (3)	\$ 955.98	\$ 1,059.65	\$ 878.10	\$ 885.20	\$ 938.15
Family: (4)	\$ 1,189.44	\$ 1,318.43	\$ 1,097.62	\$ 1,106.50	\$ 1,167.26
Estimated Monthly Premium	\$ 11,028.34	\$ 12,224.35	\$ 9,951.82	\$ 10,032.24	\$ 10,822.69
Estimated Yearly Premium	\$ 132,340.08	\$ 146,692.20	\$ 119,421.84	\$ 120,386.88	\$ 129,872.28
% of Change from CURRENT		10.84%	-9.76%	-9.03%	-1.86%

*includes RX Rider like Plans 1-3

4/9/2020

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Insurance Company	Priority Health	Priority Health	Blue Care Network	Blue Care Network	Priority Health
Type of Plan	HMO - HSA	HMO - HSA	HMO - HSA	HMO - HSA	HMO - HSA
Network	Priority Health	Priority Health	BCN	BCN	Priority Health
In Network	CURRENT Plan 4	RENEWAL Plan 4	Plan 4 - Option 1	Plan 4 - Option 2	Plan 4 - Option 3
Deductible (Single/Family)	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb	\$3,000/\$6,000 emb
Coinsurance	100%	100%	100%	100%	20%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$6,000/\$12,000 emb	\$6,000/\$12,000 emb	\$6,350/\$12,700 emb	\$6,350/\$12,700 emb	\$6,000/\$12,000 emb
Monthly Premium Rates	CURRENT Plan 4	RENEWAL Plan 4	Plan 4 - Option 1	Plan 4 - Option 2	Plan 4 - Option 3
Single: (8)	\$ 425.33	\$ 471.46	\$ 365.88	\$ 368.83	\$ 417.40
Double: (3)	\$ 955.98	\$ 1,059.65	\$ 878.10	\$ 885.20	\$ 938.15
Family: (4)	\$ 1,189.44	\$ 1,318.43	\$ 1,097.62	\$ 1,106.50	\$ 1,167.26
Estimated Monthly Premium	\$ 11,028.34	\$ 12,224.35	\$ 9,951.82	\$ 10,032.24	\$ 10,822.69
Estimated Yearly Premium	\$ 132,340.08	\$ 146,692.20	\$ 119,421.84	\$ 120,386.88	\$ 129,872.28
% of Change from CURRENT		10.84%	-9.76%	-9.03%	-1.86%
Monthly Premium Rates	CURRENT Plan 4	RENEWAL Plan 4	Plan 4 - Option 1	Plan 4 - Option 2	Plan 4 - Option 3
2020-2021 Monthly State Caps	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE MONTHLY
Single	\$568.24 \$ (131.76)	\$ (96.78)	\$ (202.36)	\$ (199.41)	\$ (150.84)
Double	\$1,188.36 \$ (209.08)	\$ (128.71)	\$ (310.26)	\$ (303.16)	\$ (250.21)
Family	\$1,549.75 \$ (329.91)	\$ (231.32)	\$ (452.13)	\$ (443.25)	\$ (382.49)

*includes RX Rider like Plans 1-3