

<i>*HDHP = High Deductible Health Plan</i>	\$5,500 *HDHP	\$3,500 *HDHP	\$4,500 Traditional Deductible	\$2,000 *HDHP	\$2,000 Traditional Deductible	\$1,500 Traditional Deductible	\$1,000 Traditional Deductible	\$500 Traditional Deductible
	8.Bronze \$5,500/\$11,000 HDHP w/chiro	7.Silver \$3,500/\$7,000 HDHP w/chiro	6.Silver \$4,500/\$9,000 Traditional w/chiro	5.Gold \$2,000/\$4,000 HDHP w/chiro	4.Gold \$2,000/\$4,000 Traditional w/chiro	3.Gold \$1,500/\$3,000 Traditional w/chiro	2.Gold \$1,000/\$2,000 Traditional w/chiro	1.Platinum \$500/\$1,500 Traditional w/chiro
Actuarial Value Calculator (AVC)	AVC .635	AVC .723	AVC .741	AVC .808	AVC .812	AVC .825 higher than metallic tier of .820	AVC .857 higher than metallic tier of .820	AVC .887
Network	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Supplemental Accident	No	No	No	No	No	No	No	No
Single Deductible	\$5,500	\$3,500	\$4,500	\$2,000	\$2,000	\$1,500	\$1,000	\$500
Family Deductible	\$11,000	\$7,000	\$9,000	\$4,000	\$4,000	\$3,000	\$2,000	\$1,500
Deductible Administration	Member has benefits after single deductible met/ entire family has benefits after family deductible met	Single member has benefits after single deductible met/ entire family has benefits after family deductible met	Member has benefits after single deductible met/ entire family has benefits after family deductible met	Single member has benefits after single deductible met/ entire family has benefits after family deductible met	Member has benefits after single deductible met/ entire family has benefits after family deductible met	Member has benefits after single deductible met/ entire family has benefits after family deductible met	Member has benefits after single deductible met/ entire family has benefits after family deductible met	Member has benefits after single deductible met/ entire family has benefits after family deductible met
Coinsurance - You Pay								
In-network Coinsurance	0%	0%	10%	0%	10%	10%	10%	10%
Out-of-network Coinsurance	0%	0%	20%	0%	20%	20%	20%	20%
Common Accident Deductible	Y	Y	Y	Y	Y	Y	Y	Y
Annual Out-of-Pocket Maximum*								
In-network OPM	\$5,500/\$11,000	\$3,500/\$7,000	\$6,350/\$12,700	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$2,000/\$4,000	\$1,500/\$3,000
Out-of-network OPM								
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Services - You Pay								
In-network	Deductible	Deductible	10% coinsurance, deductible waived	Deductible	10% coinsurance, deductible waived	10% coinsurance, deductible waived	10% coinsurance, deductible waived	10% coinsurance, deductible waived
Office Visit Limits - after office visit limit is met; deductible and coinsurance apply	NA	NA	NA	NA	NA	NA	NA	NA
Out-of-network	Deductible	Deductible	Deductible, then 20% coinsurance	Deductible	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription Drugs	Deductible	Deductible	Drug card (Ded: \$100 deductible waived for generic); Tier 1 - \$10 /Tier 2 - \$25/ Tier 3 - \$40/ specialty - \$125) OPM-integrated with medical OPM	Deductible	Drug card (Ded: \$100 deductible waived for generic); Tier 1 - \$10 /Tier 2 - \$25/ Tier 3 - \$40/ specialty - \$125) OPM-integrated with medical OPM	Drug card (Ded: \$100 deductible waived for generic); Tier 1 - \$10 /Tier 2 - \$25/ Tier 3 - \$40/ specialty - \$125) OPM \$3,600 single/\$7,200 family	Drug card (Ded: \$100 deductible waived for generic); Tier 1 - \$10 /Tier 2 - \$25/ Tier 3 - \$40/ specialty - \$125) OPM \$4,600 single/\$9,200 family	Drug card (Ded: \$100 deductible waived for generic); Tier 1 - \$10 /Tier 2 - \$25/ Tier 3 - \$40/ specialty - \$125) OPM \$5,100 single/\$10,200 family

2018 Monthly Premium Rates Effective Jan. 1, 2018

The Trustees voted to increase health premium rates by an average of 10.8 percent. Effective January 1, 2018, the employee/spouse premium tier will no longer be available and those employees who are enrolled in the employee/spouse tier will move to the family tier. The health premium increase for single coverage is 9 percent. The health rate increase for the employee/child(ren) averages 10 percent. The health rate increase for the family tier averages 12.8 percent.

Calendar Year Deductible Plan (All plans include chiropractic benefits)	2018 Premium			2018 Service Fee		
	Single	Employee/ Child(ren)	Family	Single	Employee/ Child(ren)	Family
\$500/\$1,500 Deductible \$1,500/\$3,000 OPM \$5,100/\$10,200 Drug OPM	\$713	\$1,360	\$1,889	\$35.65	\$68.00	\$94.45
\$1,000/\$2,000 Deductible \$2,000/\$4,000 OPM \$4,600/\$9,200 Drug OPM	\$656	\$1,251	\$1,738	\$32.80	\$62.55	\$86.90
\$1,500/\$3,000 Deductible \$3,000/\$6,000 OPM \$3,600/\$7,200 Drug OPM	\$631	\$1,203	\$1,672	\$31.55	\$60.15	\$83.60
\$2,000/\$4,000 Deductible Non HSA \$4,000/\$8,000 OPM includes drug co-pay	\$604	\$1,152	\$1,601	\$30.20	\$57.60	\$80.05
\$2,000/\$4,000 Deductible HSA Qualified No Coinsurance	\$578	\$1,102	\$1,532	\$28.90	\$55.10	\$76.60
\$3,500/\$7,000 HSA Qualified No Coinsurance	\$462	\$881	\$1,224	\$23.10	\$44.05	\$61.20
\$4,500/\$9,000 Deductible \$6,350/\$12,700 OPM includes drug co-pay	\$456	\$870	\$1,208	\$22.80	\$43.50	\$60.40
\$5,500/\$11,000 Deductible HSA Qualified No Coinsurance	\$342	\$652	\$906	\$17.10	\$32.60	\$45.30

