

2017-2018 HMO Rates and Benefit Changes

Changes effective September 1, 2017



Coverage Tier/Benefit	2016-2017	2017-2018
Employee Only	\$530.16	\$561.04
Employee & Spouse	\$1,192.82	\$1,263.08
Employee & Child(ren)	\$839.16	\$888.42
Employee & Family	\$1,322.98	\$1,400.98
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	Individual - \$6,550 Family - \$13,100
Primary Care Office Visit Copay	\$20; copay for first visit for illness waived, does not apply to wellness or preventive visits	No Change
Manipulative Therapy	New benefit; 20% without office visit, \$40 plus 20% with office visit (5 visits max per month, 35 max visits per year)	No Change
Prescription Drugs – Deductible	\$100 Rx deductible Preferred Generic \$3 Copay	\$150 Rx deductible Preferred Generic \$5 Copay/ Mail order \$10
Preferred Diabetic Supplies and Equipment	\$3 copay; no deductible	\$5 copay; no deductible