

# Centreville Public Schools

## Medical Rate & Benefit Comparison

PLAN OPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
Effective Date	1/1/2021		1/1/2021		1/1/2021		1/1/2021	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$250	\$500	\$250	\$500	\$1,000	\$2,000	\$1,400	\$2,800
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$2,000	\$4,000	\$2,800	\$5,400
Coinsurance Level	100%	80%	90%	70%	80%	60%	100%	80%
Coinsurance Max Ind	NA	\$2,000	\$1,000	\$2,000	\$2,500	\$5,000	NA	\$2,000
Coinsurance Max Fam	NA	\$4,000	\$2,000	\$4,000	\$5,000	\$10,000	NA	\$4,000
Other Plan Details								
Generic	\$10		\$10		\$10		\$10 after Ded	
Brand	\$40		\$40		\$40		\$40 after Ded	
Rates								
Single	\$736.00		\$662.77		\$582.10		\$610.19	
2 Person	\$1,656.20		\$1,491.42		\$1,309.90		\$1,373.11	
Family	\$2,061.04		\$1,855.99		\$1,630.09		\$1,708.75	
Monthly Employee Payment Using Caps								
<u>2021 PA 152 Caps</u>								
\$7,043.89	\$149.01		\$75.78		\$0.00		\$23.20	
\$14,730.96	\$428.62		\$263.84		\$82.32		\$145.53	
\$19,210.66	\$460.15		\$255.10		\$29.20		\$107.86	