

# 2015-2016 Teacher Medical Benefit Plan Bids

Plan Name:	Coverage:	Cost:
WHMIP BCBS PPO Select	<ul style="list-style-type: none"> <li>• \$0 in-network deductible</li> <li>• \$250 single/\$500 family out-of-network deductible</li> <li>• \$5 office copay</li> <li>• \$25 non-emergency room visits</li> <li>• \$5/\$30 Rx co-pay</li> <li>• Coinsurance: 0%</li> </ul>	Single: \$653.49 Self/Spouse: \$1470.34 Full Family: \$1829.73
WMHIP BCBS PPO Versatile 3	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• Office Visit: \$20 copay</li> <li>• Urgent Care: \$20 copay</li> <li>• Emergency Room: \$50 copay</li> <li>• Coinsurance: 90% after deductible</li> <li>• Rx: \$10/\$40</li> </ul>	Single: \$539.19 Self/Spouse: \$1213.14 Full Family: \$1509.69
WMHIP Flexible Blue Plan 2	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible for in-network</li> <li>• Coinsurance: 20% after deductible for out-of-network</li> <li>• Rx: \$5/\$30</li> </ul>	Single: \$506.46 Self/Spouse: \$1139.54 Full Family: \$1418.07
MESSA ABC Plan I	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• In-network out-of-pocket cap \$1000/\$2000</li> <li>• Out-of-network coinsurance 20% approved amount after deductible</li> <li>• Out-of-network out-of-pocket cap \$2000/\$4000</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$529.76 Self/Spouse: \$1190.07 Full Family: \$1480.61

MESSA Choices	<ul style="list-style-type: none"> <li>• \$300/\$600 in-network deductible</li> <li>• \$600/\$1200 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$25 urgent care center copay</li> <li>• \$50 emergency room co-pay</li> <li>• Saver Rx co-pay</li> </ul>	Single: \$618.00 Self/Spouse: \$1388.62 Full Family: \$1727.69
MESSA ABC Plan 2	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• \$4000/\$8000 out-of-network deductible</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$495.87 Self/Spouse: \$1113.84 Full Family: \$1385.75
MESSA ABC Plan 3	<ul style="list-style-type: none"> <li>• \$3500/\$7000 in-network deductible</li> <li>• \$7000/\$14000 out-of-network deductible</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$441.51 Self/Spouse: \$991.53 Full Family: \$1233.54
Priority PPO H S A	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$3000/\$6000 out-of-network deductible</li> <li>• In-network 100%</li> <li>• Out-of-network 80%</li> <li>• \$5/\$30 Rx copay</li> </ul>	Single: \$554.57 Self/Spouse: \$1245.62 Full Family: \$1549.69
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$40 urgent care center copay</li> <li>• \$100 emergency room co-pay</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Single: \$622.38 Self/Spouse: \$1397.93 Full Family: \$1739.18
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• \$1000/\$2000 out-of-network deductible</li> <li>• \$10 office copay</li> <li>• \$30 urgent care center copay</li> <li>• \$50 emergency room co-pay</li> <li>• \$10/\$20 Rx co-pay</li> </ul>	Single: \$666.89 Self/Spouse: \$1497.90 Full Family: \$1863.56
Priority PPO H S A	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> </ul>	Single: \$550.94

	<ul style="list-style-type: none"> <li>• \$3000/\$6000 out-of-network deductible</li> <li>• In-network 100%</li> <li>• Out-of-network 80%</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Self/Spouse: \$1237.47 Full Family: \$1539.55
Priority HMO Choice	<ul style="list-style-type: none"> <li>• \$0/\$0 deductible</li> <li>• In-network 100%</li> <li>• Out-of-network n/a</li> <li>• \$15/\$30 office copay</li> <li>• \$75 urgent care center copay</li> <li>• \$150 emergency room co-pay</li> <li>• \$10/\$40/\$80 Rx co-pay</li> </ul>	Single: \$579.07 Self/Spouse: \$1300.65 Full Family: \$1618.15
Priority HMO Standard	<ul style="list-style-type: none"> <li>• \$1000/\$2000 deductible</li> <li>• In-network 80%</li> <li>• Out-of-network n/a</li> <li>• \$20/\$35 office copay</li> <li>• \$75 urgent care center copay</li> <li>• \$150 emergency room co-pay</li> <li>• \$10/\$40/\$80 Rx co-pay</li> </ul>	
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$411.34 Self/Spouse: \$987.22 Full Family: \$1234.03
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• \$4000/\$8000 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$362.12 Self/Spouse: \$869.09 Full Family: \$1086.36
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$500.48 Self/Spouse: \$1124.13 Full Family: \$1398.54
SET/SEG TRADITIONAL POS	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> </ul>	Single: \$569.11 Self/Spouse: \$1278.28

	<ul style="list-style-type: none"> <li>• \$20 office copay</li> <li>• \$75 urgent care copay</li> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Full Family: \$1590.32
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$448.33 Self/Spouse: \$1006.99 Full Family: \$1252.81
SET/SEG TRADITIONAL PPO	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$20 office copay</li> <li>• \$20 urgent care copay</li> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$436.98 Self/Spouse: \$1048.75 Full Family: \$1310.93
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$373.42 Self/Spouse: \$896.21 Full Family: \$1120.26
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$439.16 Self/Spouse: \$986.40 Full Family: \$1227.19

# 2015-2016 Support Staff Medical Benefit Plan Bids

Plan Name:	Coverage:	Cost:
WHMIP BCBS PPO Select	<ul style="list-style-type: none"> <li>• \$0 in-network deductible</li> <li>• \$250 single/\$500 family out-of-network deductible</li> <li>• \$5 office copay</li> <li>• \$25 non-emergency room visits</li> <li>• \$5/\$30 Rx co-pay</li> <li>• Coinsurance: 0%</li> </ul>	Single: \$653.49 Self/Spouse: \$1470.34 Full Family: \$1829.73
WMHIP BCBS PPO Versatile 3	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• Office Visit: \$20 copay</li> <li>• Urgent Care: \$20 copay</li> <li>• Emergency Room: \$50 copay</li> <li>• Coinsurance: 90% after deductible</li> <li>• Rx: \$10/\$40</li> </ul>	Single: \$539.19 Self/Spouse: \$1213.14 Full Family: \$1509.69
WMHIP Flexible Blue Plan 2	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible for in-network</li> <li>• Coinsurance: 20% after deductible for out-of-network</li> <li>• Rx: \$5/\$30</li> </ul>	Single: \$506.46 Self/Spouse: \$1139.54 Full Family: \$1418.07
MESSA ABC Plan I	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• In-network out-of-pocket cap \$1000/\$2000</li> <li>• Out-of-network coinsurance 20% approved amount after deductible</li> <li>• Out-of-network out-of-pocket cap \$2000/\$4000</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with</li> </ul>	Single: \$529.76 Self/Spouse: \$1190.07 Full Family: \$1480.61

	Health Equity	
MESSA Choices	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• \$1000/\$2000 out-of-network deductible</li> <li>• \$5 office copay</li> <li>• \$10 urgent care center copay</li> <li>• \$25 emergency room co-pay</li> <li>• \$10/\$20 Rx co-pay</li> </ul>	Single: \$643.84 Self/Spouse: \$1446.77 Full Family: \$1800.06
MESSA Choices	<ul style="list-style-type: none"> <li>• \$300/\$600 in-network deductible</li> <li>• \$600/\$1200 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$25 urgent care center copay</li> <li>• \$50 emergency room co-pay</li> <li>• Saver Rx co-pay</li> </ul>	Single: \$618.00 Self/Spouse: \$1388.62 Full Family: \$1727.69
MESSA ABC Plan 2	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• \$4000/\$8000 out-of-network deductible</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$495.87 Self/Spouse: \$1113.84 Full Family: \$1385.75
MESSA ABC Plan 3	<ul style="list-style-type: none"> <li>• \$3500/\$7000 in-network deductible</li> <li>• \$7000/\$14000 out-of-network deductible</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$441.51 Self/Spouse: \$991.53 Full Family: \$1233.54
Priority PPO H S A	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$3000/\$6000 out-of-network deductible</li> <li>• In-network 100%</li> <li>• Out-of-network 80%</li> <li>• \$5/\$30 Rx copay</li> </ul>	Single: \$554.57 Self/Spouse: \$1245.62 Full Family: \$1549.69
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$40 urgent care center copay</li> <li>• \$100 emergency room co-pay</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Single: \$622.38 Self/Spouse: \$1397.93 Full Family: \$1739.18
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network</li> </ul>	Single:

	<ul style="list-style-type: none"> <li>deductible</li> <li>\$1000/\$2000 out-of-network deductible</li> <li>\$10 office copay</li> <li>\$30 urgent care center copay</li> <li>\$50 emergency room co-pay</li> <li>\$10/\$20 Rx co-pay</li> </ul>	\$666.89 Self/Spouse: \$1497.90 Full Family: \$1863.56
Priority PPO H S A	<ul style="list-style-type: none"> <li>\$1300/\$2600 in-network deductible</li> <li>\$3000/\$6000 out-of-network deductible</li> <li>In-network 100%</li> <li>Out-of-network 80%</li> <li>\$10/\$40 Rx co-pay</li> </ul>	Single: \$550.94 Self/Spouse: \$1237.47 Full Family: \$1539.55
Priority HMO Choice	<ul style="list-style-type: none"> <li>\$0/\$0 deductible</li> <li>In-network 100%</li> <li>Out-of-network n/a</li> <li>\$15/\$30 office copay</li> <li>\$75 urgent care center copay</li> <li>\$150 emergency room co-pay</li> <li>\$10/\$40/\$80 Rx co-pay</li> </ul>	Single: \$579.07 Self/Spouse: \$1300.65 Full Family: \$1618.15
Priority HMO Standard	<ul style="list-style-type: none"> <li>\$1000/\$2000 deductible</li> <li>In-network 80%</li> <li>Out-of-network n/a</li> <li>\$20/\$35 office copay</li> <li>\$75 urgent care center copay</li> <li>\$150 emergency room co-pay</li> <li>\$10/\$40/\$80 Rx co-pay</li> </ul>	
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>\$1300/\$2600 in-network deductible</li> <li>\$2600/\$5200 out-of-network deductible</li> <li>Coinsurance: 0% after deductible</li> <li>\$10/\$40/\$80 Rx copay</li> </ul>	Single: \$411.34 Self/Spouse: \$987.22 Full Family: \$1234.03
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>\$2000/\$4000 in-network deductible</li> <li>\$4000/\$8000 out-of-network deductible</li> <li>Coinsurance: 0% after deductible</li> <li>\$10/\$40/\$80 Rx copay</li> </ul>	Single: \$362.12 Self/Spouse: \$869.09 Full Family: \$1086.36
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>\$1300/\$2600 in-network deductible</li> </ul>	Single: \$500.48

	<ul style="list-style-type: none"> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Self/Spouse: \$1124.13 Full Family: \$1398.54
SET/SEG TRADITIONAL POS	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$20 office copay</li> <li>• \$75 urgent care copay</li> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$569.11 Self/Spouse: \$1278.28 Full Family: \$1590.32
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$448.33 Self/Spouse: \$1006.99 Full Family: \$1252.81
SET/SEG TRADITIONAL PPO	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$20 office copay</li> <li>• \$20 urgent care copay</li> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$436.98 Self/Spouse: \$1048.75 Full Family: \$1310.93
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$373.42 Self/Spouse: \$896.21 Full Family: \$1120.26
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$439.16 Self/Spouse: \$986.40 Full Family: \$1227.19



# 2015-2016 Administrative/Administrative Support Staff Medical Benefit Plan Bids

Plan Name:	Coverage:	Cost:
WHMIP BCBS PPO Select	<ul style="list-style-type: none"> <li>• \$0 in-network deductible</li> <li>• \$250 single/\$500 family out-of-network deductible</li> <li>• \$5 office copay</li> <li>• \$25 non-emergency room visits</li> <li>• \$5/\$30 Rx co-pay</li> <li>• Coinsurance: 0%</li> </ul>	Single: \$653.49 Self/Spouse: \$1470.34 Full Family: \$1829.73
WMHIP BCBS PPO Versatile 3	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• Office Visit: \$20 copay</li> <li>• Urgent Care: \$20 copay</li> <li>• Emergency Room: \$50 copay</li> <li>• Coinsurance: 90% after deductible</li> <li>• Rx: \$10/\$40</li> </ul>	Single: \$539.19 Self/Spouse: \$1213.14 Full Family: \$1509.69
WMHIP Flexible Blue Plan 2	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible for in-network</li> <li>• Coinsurance: 20% after deductible for out-of-network</li> <li>• Rx: \$5/\$30</li> </ul>	Single: \$506.46 Self/Spouse: \$1139.54 Full Family: \$1418.07
MESSA ABC Plan I	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• In-network out-of-pocket cap \$1000/\$2000</li> <li>• Out-of-network coinsurance 20% approved amount after deductible</li> </ul>	Single: \$529.76 Self/Spouse: \$1190.07 Full Family: \$1480.61

	<ul style="list-style-type: none"> <li>• Out-of-network out-of-pocket cap \$2000/\$4000</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	
MESSA Choices	<ul style="list-style-type: none"> <li>• \$300/\$600 in-network deductible</li> <li>• \$600/\$1200 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$25 urgent care center copay</li> <li>• \$50 emergency room co-pay</li> <li>• Saver Rx co-pay</li> </ul>	Single: \$618.00 Self/Spouse: \$1388.62 Full Family: \$1727.69
MESSA ABC Plan 2	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• \$4000/\$8000 out-of-network deductible</li> <li>• ABC Rx plan</li> <li>• Health Savings Account with Health Equity</li> </ul>	Single: \$495.87 Self/Spouse: \$1113.84 Full Family: \$1385.75
Priority PPO H S A	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$3000/\$6000 out-of-network deductible</li> <li>• In-network 100%</li> <li>• Out-of-network 80%</li> <li>• \$5/\$30 Rx copay</li> </ul>	Single: \$554.57 Self/Spouse: \$1245.62 Full Family: \$1549.69
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• \$20 office copay</li> <li>• \$40 urgent care center copay</li> <li>• \$100 emergency room co-pay</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Single: \$622.38 Self/Spouse: \$1397.93 Full Family: \$1739.18
Priority PPO Traditional	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• \$1000/\$2000 out-of-network deductible</li> <li>• \$10 office copay</li> <li>• \$30 urgent care center copay</li> <li>• \$50 emergency room co-pay</li> <li>• \$10/\$20 Rx co-pay</li> </ul>	Single: \$666.89 Self/Spouse: \$1497.90 Full Family: \$1863.56
Priority PPO H S A	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$3000/\$6000 out-of-network deductible</li> </ul>	Single: \$550.94 Self/Spouse: \$1237.47

	<ul style="list-style-type: none"> <li>• In-network 100%</li> <li>• Out-of-network 80%</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	<p>Full Family: \$1539.55</p>
Priority HMO Choice	<ul style="list-style-type: none"> <li>• \$0/\$0 deductible</li> <li>• In-network 100%</li> <li>• Out-of-network n/a</li> <li>• \$15/\$30 office copay</li> <li>• \$75 urgent care center copay</li> <li>• \$150 emergency room co-pay</li> <li>• \$10/\$40/\$80 Rx co-pay</li> </ul>	<p>Single: \$579.07</p> <p>Self/Spouse: \$1300.65</p> <p>Full Family: \$1618.15</p>
Priority HMO Standard	<ul style="list-style-type: none"> <li>• \$1000/\$2000 deductible</li> <li>• In-network 80%</li> <li>• Out-of-network n/a</li> <li>• \$20/\$35 office copay</li> <li>• \$75 urgent care center copay</li> <li>• \$150 emergency room co-pay</li> <li>• \$10/\$40/\$80 Rx co-pay</li> </ul>	
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	<p>Single: \$411.34</p> <p>Self/Spouse: \$987.22</p> <p>Full Family: \$1234.03</p>
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• \$4000/\$8000 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	<p>Single: \$362.12</p> <p>Self/Spouse: \$869.09</p> <p>Full Family: \$1086.36</p>
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• \$2600/\$5200 out-of-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	<p>Single: \$500.48</p> <p>Self/Spouse: \$1124.13</p> <p>Full Family: \$1398.54</p>
SET/SEG TRADITIONAL POS	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$20 office copay</li> <li>• \$75 urgent care copay</li> </ul>	<p>Single: \$569.11</p> <p>Self/Spouse: \$1278.28</p> <p>Full Family: \$1590.32</p>

	<ul style="list-style-type: none"> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$2000/\$4000 in-network deductible</li> <li>• Coinsurance: 0% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$448.33 Self/Spouse: \$1006.99 Full Family: \$1252.81
SET/SEG TRADITIONAL PPO	<ul style="list-style-type: none"> <li>• \$500/\$1000 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$20 office copay</li> <li>• \$20 urgent care copay</li> <li>• \$150 ER copay</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$436.98 Self/Spouse: \$1048.75 Full Family: \$1310.93
SET/SEG H S A PPO	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$373.42 Self/Spouse: \$896.21 Full Family: \$1120.26
SET/SEG H S A POS	<ul style="list-style-type: none"> <li>• \$1300/\$2600 in-network deductible</li> <li>• Coinsurance: 20% after deductible</li> <li>• \$10/\$40/\$80 Rx copay</li> </ul>	Single: \$439.16 Self/Spouse: \$986.40 Full Family: \$1227.19