

Bay City Public Schools

	MCLAREN	MCLAREN	MCLAREN	DISTRICT FUNDING LEVEL FOR 2016/17 (DENTAL/VISION ONLY)	For Employees taking Dental & Vision ONLY
	2016-2017 ACTUAL	2016-2017 ACTUAL	2016-2017 ACTUAL		Dental & Vision 2016/2017
	Plan 4	Plan 6	Plan 5		ADN Inc.
Big Table Group Only	HMO	HMO	HMO		
Office Visit/Specialist Copay	\$40/\$40	\$40/\$40	\$20/\$20		
Urgent Care Copay	\$50	\$50	\$35		
ER Copay	\$150	\$150	\$150		
First Dollar Deductible - (Employee Paid)	\$500/\$1000	\$500/\$1000	\$250/\$500		
Coinsurance Percentage (Percentage=Employee's Share)	20%	20%	10%		
Potential Max Paid Out of Pocket (Employee's Share)	\$1500/\$3000	\$1500/\$3000	\$500/\$1000		
	Rx	Rx	Rx		
OTC	\$0	\$0	\$0		
Rx Copay - Generic	\$10	\$10	\$10		
90 Day - Generic	\$20	\$20	\$20		
Rx Copay - Brand Pref	\$30	\$30	\$20		
90 Day Brand Pref	\$60	\$60	\$40		
Rx Copay - Non/Pref B	\$60	\$60	\$30		
90 Day - Non/Pref B	\$120	\$120	\$60		
NOTES	Chiropractic - NO COVERAGE	Chiropractic (100% up to \$1500)	Chiropractic (100% up to \$1500)		
	Hearing Benefits(excluded)	Hearing Benefits(excluded)	Hearing Benefits(excluded)		
	Private Duty Nurses(excluded)	Private Duty Nurses(excluded)	Private Duty Nurses(excluded)		
DENTAL:	Self-Funded-ADN	Self-Funded-ADN	Self-Funded-ADN	Self-Funded-ADN	
Class I	80%	80%	80%	80%	
Class II	80%	80%	80%	80%	
Class III	80%	80%	80%	80%	
Class IV	80%	80%	80%	80%	
Annual Max	\$1,300	\$1,300	\$1,300	\$1,300	
Riders Included:	2 Cleanings, Sealants	2 Cleanings, Sealants	2 Cleanings, Sealants	2 Cleanings, Sealants	
Ortho: \$1,300 Lifetime Max	\$1,300	\$1,300	\$1,300	\$1,300	
VISION:	ADN Self-Funded	ADN Self-Funded	ADN Self-Funded	ADN Self-Funded	
FIXED MONTHLY PREMIUMS:					
Single	\$ 551.41	\$ 562.41	\$ 629.41	\$ 37.41	
2-Person	\$ 1,294.91	\$ 1,321.91	\$ 1,482.91	\$ 71.91	
Family	\$ 1,485.42	\$ 1,515.42	\$ 1,694.42	\$ 116.42	
FIXED ANNUAL PREMIUMS:					
Annual Single Premium	\$ 6,616.92	\$ 6,748.92	\$ 7,552.92	\$ 359.14	
Annual 2P Premium	\$ 15,538.92	\$ 15,862.92	\$ 17,794.92	\$ 690.34	
Annual Family Premium	\$ 17,825.04	\$ 18,185.04	\$ 20,333.04	\$ 1,117.63	
ANNUAL TAXES & FEES INCLUDED IN PREMIUM					
Employer Premium Contribution					
Single	\$ 5,293.54	\$ 5,293.54	\$ 5,293.54	\$ 359.14	
2 Person	\$ 11,560.54	\$ 11,560.54	\$ 11,560.54	\$ 690.34	
Full-Family	\$ 14,260.03	\$ 14,260.03	\$ 14,260.03	\$ 1,117.63	
Total Annual Employee Premium Cost					
Single	\$ 1,323.38	\$ 1,455.38	\$ 2,259.38	\$ 89.78	
2 Person	\$ 3,978.38	\$ 4,302.38	\$ 6,234.38	\$ 172.58	
Full-Family	\$ 3,565.01	\$ 3,925.01	\$ 6,073.01	\$ 279.41	
Total Annual Employee Premium Cost Divided Over 26 Pays					
Single	\$ 50.90	\$ 55.98	\$ 86.90	\$ 3.45	
2 Person	\$ 153.01	\$ 165.48	\$ 239.78	\$ 6.64	
Full-Family	\$ 137.12	\$ 150.96	\$ 233.58	\$ 10.75	
Total Annual Employee Premium Cost Divided Over 21 Pays					
Single	\$ 63.02	\$ 69.30	\$ 107.59	\$ 4.28	
2 Person	\$ 189.45	\$ 204.88	\$ 296.88	\$ 8.22	
Full-Family	\$ 169.76	\$ 186.91	\$ 289.19	\$ 13.31	
Total Annual Employee Premium Cost Divided Over 20 Pays					
Single	\$ 66.17	\$ 72.77	\$ 112.97	\$ 4.49	
2 Person	\$ 198.92	\$ 215.12	\$ 311.72	\$ 8.63	
Full-Family	\$ 178.25	\$ 196.25	\$ 303.65	\$ 13.97	