

**2018 ISU Health Coverage Rate Options**  
 Assuming 2.8% Projected Funding Increase to PPO Plan

**Projected Monthly\*Standard Rates (Before Wellness Incentive & Tobacco Surcharge) - Employee Share**

	2017 Employee Standard Rate**	Standard PPO Plan		HDHP - w/ Seeding	
		2018 Employee Standard Rate**	2018 Increase	2018 Employee Standard Rate**	Rate Spread from PPO Plan
Employee	\$234.00	\$241.00	\$7.00	\$187.00	(\$54.00)
Employee/Child(ren)	\$433.00	\$445.00	\$12.00	\$344.00	(\$101.00)
Employee/Spouse	\$566.00	\$582.00	\$16.00	\$454.00	(\$128.00)
Employee/Dependents	\$620.00	\$637.00	\$17.00	\$497.00	(\$140.00)

**2018 Wellness Incentive & Tobacco Surcharge**

	Wellness Incentive	Tobacco Surcharge
Employee***	(\$30.00)	\$50.00
Spouse***	(\$20.00)	\$50.00

\* For employees paid bi-weekly, monthly rates are divided by two and taken over 24 pays in a year.

\*\* Standard rate assumes employee does not use tobacco and has not received wellness incentive.

\*\*\* Employee and spouse each receive separate discount or surcharge for participation.



## Plan Design Summary

Plan Name	Open Access Plus Plan	Open Access Plus Plan	HDHP
Plan Scenario	2017 Current	2017 Current	2018 Proposed
Plan Tier	2-Tier: In-Network	2-Tier: Out-of-Network	2-Tier: In-Network
<b>Fund</b>			
Fund Type	None	None	HSA
Fund Amount	N/A	N/A	\$500 Individual \$1,000 Family
<b>Medical Deductible, OOP Max, Coinsurance</b>			
Deductible	\$500 Individual \$1,500 Family	\$1,500 Individual \$4,500 Family	\$2,000 Individual \$6,000 Family No Family Individual
OOP Max	\$3,500 Individual \$7,000 Family	\$10,500 Individual \$21,000 Family	\$6,550 Individual \$13,100 Family
Deductible/OOP Max Type	Embedded/Embedded	Embedded/Embedded	Family/Embedded
Coinsurance	20%	50%	20%
<b>Medical Services</b>			
Inpatient Hospital	20%	50%, \$200 Copay Per Admit	20%
Emergency Room	\$200 Copay	\$200 Copay	20%
Urgent Care	\$50 Copay	\$50 Copay	20%
PCP Office Visit	\$25 Copay	50%	20%
Preventive Care/Well Baby	Fully Covered	50%	Fully Covered
Specialist Office Visit	\$40 Copay	50%	20%
Psychiatry	\$25 Copay	50%	20%
Physical Medicine/Rehab	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>2</sup>
Chiropractic	\$25 Copay <sup>1</sup>	50% <sup>1</sup>	20% <sup>2</sup>
Home Health	20% <sup>2</sup>	50% <sup>2</sup>	20%
Ambulance	20%	20%	20%
All Other Medical	20%	50%	20%
<b>RX Deductible, OOP Max, Coinsurance</b>			
RX Deductible	N/A	N/A	Combined with Medical Deductible
RX OOP Max	\$2,500 Individual \$5,000 Family	N/A	Combined with Medical OOP Max
RX Coinsurance	50%	N/A	20%
<b>Prescription Drug Services</b>			
Retail Generic	10%, \$10 Copay	Excluded	20%
Retail Brand Formulary	20%, \$20 Copay	Excluded	20%
Retail Non-Formulary	50%, \$20 Min Copay, \$99,999 Max Copay	Excluded	20%
Retail Specialty	50%, \$20 Min Copay, \$99,999 Max Copay	Excluded	20%
Mail Generic (90-day)	10%, \$20 Copay	Excluded	20%
Mail Brand Formulary (90-day)	20%, \$40 Copay	Excluded	20%
Mail Non-Formulary (90-day)	50%, \$40 Min Copay, \$99,999 Max Copay	Excluded	20%
Mail Specialty (90-day)	50%, \$40 Min Copay, \$99,999 Max Copay	Excluded	20%

<sup>1</sup>Limited to 60 services

<sup>2</sup>Limited to 100 services

### 2018 Contribution Limits for Health Savings Accounts (employer + employee)

Self Only                      \$3,450  
Family                            \$6,900

Catch-up Contributions      \$1,000 (age 55 or older)\*

\*Catch-up contributions can be made anytime during the year in which the participant turns 55.