

**Clay County Renewal 12-2016**

	4%			0.98% Optional Plan	
	Plan			Plan	
	400			400 G	
Deductible	\$250			\$250	
Coinsurance	80%			80%	
Coinsurance Limit	\$2,000			\$2,000	
Office Visit Copay	\$20			\$20	
ER Copay	\$90			\$90	
RX					
Generic	\$10			\$10	
Brand	\$20			\$20	
Non-Formulary	\$35			\$35	
	<b>Rates WITHOUT life insurance</b>			<b>Rates WITHOUT life insurance</b>	
	current	renewal (4%)	difference		increase (.98%)
Employee Only	\$984.98	\$1,024.38	\$39.40	\$997.22	\$12.24
Child(ren)	\$1,515.06	\$1,575.66	\$60.60	\$1,533.36	\$18.30
Spouse	\$1,851.98	\$1,926.06	\$74.08	\$1,874.14	\$22.16
Child(ren) + Spouse	\$2,314.70	\$2,407.28	\$92.58	\$2,342.16	\$27.46
	<b>Rates WITH life insurance</b>			<b>Rates WITH life insurance</b>	
Employee Only	\$989.62	\$1,029.02	\$39.40	\$1,001.86	
Child(ren)	\$1,519.70	\$1,580.30	\$60.60	\$1,533.36	
Spouse	\$1,856.62	\$1,930.70	\$74.08	\$1,874.14	
Child(ren) + Spouse	\$2,319.34	\$2,411.92	\$92.58	\$2,342.16	
Life Insurance BCBS	\$4.64				

**\*\*\* Surplus Distribution should be in the neighborhood of \$10,395.00. TAC will mail these checks the end of July**

**DENTAL**

	Met Life		United Concordia	TAC (employer Pd)
Annual Max	\$2,000		\$2,000	\$2,000
Preventive	100%		100%	100%
Basic	80%		80%	80%
Major	50%		50%	50%
Ortho	50%		50%	50%
Ortho Max	\$1,000		\$1,000	\$1,000
	Current	Est. Renewal	12 mo/24 mo	
Employee Only	\$36.31	\$38.85	\$32.40 / \$34.00	\$28.72
Employee + Spouse	\$75.15	\$80.41	\$65.00 / 68.30	\$57.46
Employee + Child(ren)	\$86.67	\$92.44	\$69.90 / \$73.40	\$79.38
Employee + Family	\$134.84	\$144.28	\$112.40 / \$118.00	\$108.10

**VISION**

Current	\$6.55
Estimated renewal	\$6.81