



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

**Kingsley Area Schools  
Priority Health 2021 Renewal  
Assumed Effective Date: 7/1/2021**

Plan	CURRENT PLAN		CURRENT PLAN		RENEWAL PLAN		RENEWAL PLAN	
	Employees Enrolled in PH \$1000 - Current		Employees Enrolled in PH \$1400 - Current		Priority Health POS SF \$1000-0%; \$20 OV; \$10/\$40 Rx		Priority Health POS HSA SF \$1400-20%; \$10/\$40 Rx	
Rate Period	7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2021-6/30/2022		7/1/2021-6/30/2022	
Purchased Plan Features	In Network		In Network		In Network		In Network	
Deductible								
Annual Deductible - 1P	\$1,000		\$1,400		\$1,000		\$1,400	
Annual Deductible - 2P/FF	\$2,000		\$2,800		\$2,000		\$2,800	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%		20%		0%		20%	
Coinsurance Max - 1P	N/A		N/A		N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A		N/A	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$7,350		\$2,000		\$7,350		\$2,000	
Max ded, coinsurance, copays - 2P/FF	\$14,700		\$4,000		\$14,700		\$4,000	
Copayments								
Office Visit/Specialist	\$20/\$35		20% after Ded.		\$20/\$35		20% after Ded.	
Urgent Care/ER	\$75/\$150		20% after Ded.		\$75/\$150		20% after Ded.	
Chiropractic Limit/Copay	30/\$20		30/20% after Ded.		30/\$20		30/20% after Ded.	
Rx Copay	\$10/\$40		\$10/\$40 after Ded.		\$10/\$40		\$10/\$40 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	9	\$569.74	15	\$431.19	24	\$626.14	24	\$473.88
Two Person (2P)	2	\$1,252.33	9	\$947.50	11	\$1,376.31	11	\$1,041.30
Family (FF)	8	\$1,650.49	54	\$1,248.67	62	\$1,813.89	62	\$1,372.29
<b>Total Annual Premium</b>	<b>19</b>	<b>\$250,035</b>	<b>78</b>	<b>\$989,082</b>	<b>97</b>	<b>\$1,711,535</b>	<b>97</b>	<b>\$1,294,913</b>
<b>Combined Current Lives</b>	97		< TOTALS					
<b>Combined Annual Premium</b>	\$1,239,117		< TOTALS					
One Person Cost Share								
One Person Rate	\$569.74		\$431.19		\$626.14		\$473.88	
One Person PA 152 Cap	\$568.24		\$568.24		\$586.99		\$586.99	
<b>One Person Monthly Cost</b>	<b>\$1.50</b>		<b>-\$137.05</b>		<b>\$39.15</b>		<b>-\$113.11</b>	
Two Person Cost Share								
Two Person Rate	\$1,252.33		\$947.50		\$1,376.31		\$1,041.30	
Two Person PA 152 Cap	\$1,188.36		\$1,188.36		\$1,227.58		\$1,227.58	
<b>Two Person Monthly Cost</b>	<b>\$63.97</b>		<b>-\$240.86</b>		<b>\$148.73</b>		<b>-\$186.28</b>	
Family Cost Share								
Family Rate	\$1,650.49		\$1,248.67		\$1,813.89		\$1,372.29	
Family PA 152 Cap	\$1,549.75		\$1,549.75		\$1,600.89		\$1,600.89	
<b>Family Monthly Cost</b>	<b>\$100.74</b>		<b>-\$301.08</b>		<b>\$213.00</b>		<b>-\$228.60</b>	

\*All rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

\* All rates are for illustrative purposes.