



DESALES UNIVERSITY

HIGHMARK BLUE SHIELD - CONTRIBUTION SUMMARY 2017

Employee contribution to healthcare includes required Transitional Reinsurance Fee of PPACA

Amount for 2016: \$44 per year for Singles = \$3.66 per month || \$103.40 per year for multi-party = \$8.62

Amount for 2017: \$27 per year for Singles = \$2.25 per month || \$63.45 per year for multi-party = \$5.29

PPOBlue Plan/with deductible \$500/\$1,500 deductible 100%/80% coinsurance, \$20 OVC				PPOBlue \$0 Deductible, 100%/80% Coinsurance, \$10 OVC			
MONTHLY CONTRIBUTION	TOTAL	UNIVERSITY	Employee with TRF	MONTHLY CONTRIBUTION	TOTAL	UNIVERSITY	Employee with TRF
Single				Single			
2016	\$ 698.24	\$ 649.77	\$ 52.13	2016	\$ 755.50	\$ 596.07	\$ 163.09
2017	\$ 715.54	\$ 662.29	\$ 55.50	2017	\$ 774.40	\$ 602.25	\$ 174.40
			\$ 3.37				\$ 11.31
Parent/Child				Parent/Child			
2016	\$ 872.75	\$ 776.68	\$ 104.69	2016	\$ 944.38	\$ 703.24	\$ 249.76
2017	\$ 891.90	\$ 785.39	\$ 111.80	2017	\$ 965.53	\$ 704.82	\$ 266.00
			\$ 7.11				\$ 16.24
Parent/Children				Parent/Children			
2016	\$ 1,187.02	\$ 1,063.61	\$ 132.03	2016	\$ 1,284.35	\$ 975.41	\$ 317.56
2017	\$ 1,214.97	\$ 1,079.26	\$ 141.00	2017	\$ 1,315.02	\$ 981.31	\$ 339.00
			\$ 8.97				\$ 21.44
Employee/Spouse				Employee/Spouse			
2016	\$ 1,396.44	\$ 1,242.62	\$ 162.44	2016	\$ 1,511.00	\$ 1,126.29	\$ 393.33
2017	\$ 1,430.25	\$ 1,262.54	\$ 173.00	2017	\$ 1,548.02	\$ 1,132.51	\$ 420.80
			\$ 10.56				\$ 27.47
Family				Family			
2016	\$ 1,815.44	\$ 1,623.21	\$ 200.85	2016	\$ 1,964.35	\$ 1,482.92	\$ 490.05
2017	\$ 1,860.98	\$ 1,652.27	\$ 214.00	2017	\$ 2,014.06	\$ 1,496.35	\$ 523.00
			\$ 13.15				\$ 32.95

DENTAL UNITED CONCORDIA RENEWAL RATES		
	2016	2017
SINGLE	\$26.16	\$27.70
PARENT/CHILD	\$52.35	\$55.44
EMPLOYEE/SPOUSE	\$52.35	\$55.44
FAMILY	\$68.26	\$72.29

Rx Drug Costs:

Employee pays the following at the retail level:

- 10% for Generic Rx to a maximum of \$10.00
- 20% for Formulary Rx to a maximum of \$25.00
- 40% for Non-Formulary Rx to a maximum of \$40.00

Employee pays the following for mail order Rx:

- 10% for Generic Rx to a maximum of \$25.00 for a 90 day supply.
- 20% for Formulary Rx to a maximum of \$60.00 for a 90 day supply
- 40% for Non-Formulary Rx to a maximum of \$100.00 for a 90 day supply

VISION Highmark (Davis Vision)		
2017	\$15 copay	\$0 copay
SINGLE	\$4.80	\$7.80
PARENT/CHILD	\$7.68	\$12.48
PARENT/CHILDREN	\$12.00	\$19.50
EMPLOYEE/SPOUSE	\$9.60	\$15.60
FAMILY	\$14.40	\$23.40