



Southeastern Indiana School  
Insurance Consortium (SISIC)

2018 Summary of Benefits & Rates

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## Today's Objectives:

1. Define SISIC
2. Health plan choices (11/21/17)
3. Create health consumer awareness
4. Building level healthcare capacity and resources



What is SISIC? Who is in it? Who makes the decisions on plan types & premiums?

14 school districts  
2 special districts  
2066 members  
Over 4,500 lives insured

SISIC has 28 voting members

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What is Self Insured?

Premiums are use to cover the cost of medical and prescription claims.

What does that mean?

When Anthem pays a bill the money is coming from your premiums

So the more claims they pay the higher your premiums could (can) increase

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## The Process for 2018 Renewals:

Started with a 27% increase of current plans.

Sent out for bids with current plans.

Received 3 bids still at 20% increases

Made changes to the plans and sent to rebid.

Received 2 bids for new plans

Had interviews with both

Received revised bids for new plans

Anthem awarded 2018 contract

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## Synopsis of Plan Changes for 2018

One PPO plan and two High deductible Health Plans

\$20 copay for Preventative RX program

Anthem changed the Formulary for RX  
Effectuated members will receive a letter from Anthem in Early December if their RX is no longer covered by the plan

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# Southeastern Indiana School Insurance Consortium

## 2018 Summary of Benefits & Rates



Deductible (Single/Family)
Coinsurance
Out-of-Pocket Limit (Single/Family)
Physician Office Visits (PCP/SCP)
Telemedicine Visit
Preventive Care
Emergency Room
Urgent Care
Prescription Drugs - Pharmacy
Tier 1 - most Generics
Tier 2 - Brand Preferred
Tier 3 - Brand Non-Preferred
Mail Order
Tier 1 - most Generics
Tier 2 - Brand Preferred
Tier 3 - Brand Non-Preferred
Preventive Rx

PPO Plan	HDHP/HSA Plan 1	HDHP/HSA Plan 2
Network	Network	Network
\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
20%	0%	0%
\$2,500/\$5,000	\$4,000/\$8,000	\$6,000/\$12,000
\$50	\$50 - deductible applies first, then copay up to Out-of-Pocket limit	Ded/Coins.
\$50	\$50 - deductible applies first, then copay up to Out-of-Pocket limit	Ded/Coins.
100% In-Network	100% In-Network	100% In-Network
\$250	\$250 - deductible applies first, then copay up to Out-of-Pocket limit	Ded/Coins.
\$75	\$75 - deductible applies first, then copay up to Out-of-Pocket limit	Ded/Coins.
Rx OOP \$4,350/\$8,700	Rx deductible applies first, then co-pays up to Out-of-Pocket limit	Rx subject to deductible and coinsurance
\$20	\$20	-
\$50	\$50	-
\$80	\$80	-
\$40	\$40	-
\$100	\$100	-
\$160	\$160	-
\$20	\$20	\$20

Deductibles Apply to covered services listed with a percentage (%) coinsurance.

**ANTHEM RATES CERTIFIED (effective 1-1-18) Corp share effective 12-1-17**

**PPO Plan**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$10,056.00	\$18,060.00	\$21,060.00	\$26,088.00
Corp Share	<u>\$3,708.00</u>	<u>\$6,480.00</u>	<u>\$7,944.00</u>	<u>\$8,568.00</u>
Emp Pays	\$6,348.00	\$11,580.00	\$13,116.00	\$17,520.00
Monthly Rate	\$838.00	\$1,505.00	\$1,755.00	\$2,174.00
Corp Share	<u>\$309.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$529.00	\$965.00	\$1,093.00	\$1,460.00

**HDHP/ HSA Plan 1**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$8,268.00	\$14,868.00	\$17,352.00	\$21,492.00
Corp Share	<u>\$3,708.00</u>	<u>\$6,480.00</u>	<u>\$7,944.00</u>	<u>\$8,568.00</u>
Emp Pays	\$4,560.00	\$8,388.00	\$9,408.00	\$12,924.00
Monthly Rate	\$689.00	\$1,239.00	\$1,446.00	\$1,791.00
Corp Share	<u>\$309.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$380.00	\$699.00	\$784.00	\$1,077.00

**HDHP/ HSA Plan 2**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$6,648.00	\$11,976.00	\$13,956.00	\$17,268.00
Corp Share	<u>\$3,708.00</u>	<u>\$6,480.00</u>	<u>\$7,944.00</u>	<u>\$8,568.00</u>
Emp Pays	\$2,940.00	\$5,496.00	\$6,012.00	\$8,700.00
Monthly Rate	\$554.00	\$998.00	\$1,163.00	\$1,439.00
Corp Share	<u>\$309.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$245.00	\$458.00	\$501.00	\$725.00



**ANTHEM RATES CLASSIFIED (effective 1-1-18) Corp share effective 12-1-17**

**PPO Plan**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$10,056.00	\$18,060.00	\$21,060.00	\$26,088.00
Corp Share	<u>\$4,248.00</u>	<u>\$6,480.00</u>	<u>\$7,944.00</u>	<u>\$8,568.00</u>
Emp Pays	\$5,808.00	\$11,580.00	\$13,116.00	\$17,520.00
Monthly Rate	\$838.00	\$1,505.00	\$1,755.00	\$2,174.00
Corp Share	<u>\$354.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$484.00	\$965.00	\$1,093.00	\$1,460.00

**HDHP/ HSA Plan 1**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$8,268.00	\$14,868.00	\$17,352.00	\$21,492.00
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Emp Pays	\$4,020.00	\$8,388.00	\$9,408.00	\$12,924.00
Monthly Rate	\$689.00	\$1,239.00	\$1,446.00	\$1,791.00
Corp Share	<u>\$354.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$335.00	\$699.00	\$784.00	\$1,077.00

**HDHP/ HSA Plan 2**

	<b>SINGLE</b>	<b>EMP/CHILD</b>	<b>EMP/SPOUSE</b>	<b>EMP/DEP</b>
Premium Total	\$6,648.00	\$11,976.00	\$13,956.00	\$17,268.00
Corp Share	<u>\$4,248.00</u>	<u>\$6,480.00</u>	<u>\$7,944.00</u>	<u>\$8,568.00</u>
Emp Pays	\$2,400.00	\$5,496.00	\$6,012.00	\$8,700.00
Monthly Rate	\$554.00	\$998.00	\$1,163.00	\$1,439.00
Corp Share	<u>\$354.00</u>	<u>\$540.00</u>	<u>\$662.00</u>	<u>\$714.00</u>
Emp Pays	\$200.00	\$458.00	\$501.00	\$725.00