

**Plan Change Considerations for January 1, 2018  
Group Healthcare Committee**

<b>Proposed Medical Changes</b>	<b>Current Plan Design</b>	<b>Proposed Plan Design</b>	<b>Est Savings</b>	<b>Est Increase</b>
Annual Deductible - Out-of-Netowrk	\$200/\$400	\$800/\$1,600	\$10,300	
Annual Out-of-Pocket Maxium Out-of-Network	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000	
<b>Proposed Rx Changes</b>	<b>Current Plan Design</b>	<b>Proposed Plan Design</b>	<b>Est Savings</b>	<b>Est Increase</b>
Intercept Program - Specialty Drug Management	N/A	Add Intercept Program	\$43,793	
<b>Proposed Plan Design Changes</b>	<b>Current Plan Design</b>	<b>Proposed Plan Design</b>	<b>Est Savings</b>	
Deductible Carry Over	Included	Eliminate	\$2,400	
<b>Proposed Dental Changes</b>	<b>Current Plan Design</b>	<b>Proposed Plan Design</b>	<b>Est Savings</b>	<b>Est Increase</b>
Dental Annual Benefit	\$2,500	\$3,000		(\$38,000)
<b>Proposed VSP Changes</b>	<b>Current Plan Design</b>	<b>Proposed Plan Design</b>	<b>Est Savings</b>	<b>Est Increase</b>
Optomap Retinal Screening	N/A	Add Optomap Retinal Screening		(\$14,000)

<b>Anticipated Annual Savings</b>	<b>\$61,493</b>	
<b>Anticipated Annual Increases</b>		<b>(\$52,000)</b>
<b>Annual Net Savings</b>	<b>\$9,493</b>	