

**District Benefit Comparison
2017**

School District	Current Year or Last Year in Contract	Contract Period for Current and New Contracts	Single or Dual Choice for Health Plan Notes	Deductible Notes	In-Network		Office Copay	Specialist Co-Pay	ER Copay	RX Copay	Employee Contributions Month		Contribution Notes	Annual Contributions		Total Annual Deductible & Contributions	
					Ded Single	Ded Family					Single	Family		Contr Single	Contr Family	Ded + Contr Single	Ded + Contr Family
Conneaut	2018-2019 - updated 11/12/18	2017-2018 - 2021-2022	Currently single, planning dual choice transition	Current: \$0/\$0 IN, \$250, 750 OUT 1/1/19: \$100/\$200 IN, \$200/\$400 OUT 1/1/20: \$125/\$250 IN, \$250,\$500 OUT 1/1/21: \$150/\$300 IN, \$600/\$600 OUT	\$ -	\$ -	\$ 15			Retail 20% Max Copay \$30-Mail 20% Max Copay \$360 Ind. Coinsurance Max \$720 Family Coinsurance Max Increasing to \$425/850 1/1/19	\$ 60.00	\$ 60.00		\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00
Corry	2018-2019	9-1-2014 - 8-31-2019		\$250/\$500-In Network \$500/\$1,000-Out of Network	\$ 250	\$ 500	\$ 20		\$ 50	Deductible \$200/\$400 Family 20% \$200 Ind Coinsurance Max \$400 Fam Coinsurance Max	\$ 41.67	\$ 41.67		\$ 500.00	\$ 500.00	\$ 750.00	\$ 1,000.00
Cranberry	2018-2019 - updated 11/12/18	2017-2018 - 2020-2021 8/29/2017 - 8/29/2022	We are currently Highmark only, but are in Venango County, and our UPMC Northwest Hospital and affiliated Docs here in Seneca will be included in our plan for the July 1, 2019 going forward. Any dual choice option would have to be negotiated at this point, but our Highmark plan doesn't really lose too much in our area from what I understand.	\$300/\$600-In Network \$500/\$750-Out of Network	\$ 400	\$ 800	\$ 20	\$ 25	\$ 100	\$10 Generic, \$35 Brand (30 Day Supply) - \$20 G/\$55 B for 90 day supply	\$ 55.00	\$ 70.00		\$ 660.00	\$ 840.00	\$ 1,060.00	\$ 1,640.00
Crawford Central #1	2018-2019	8/29/2017 - 8/29/2022	Highmark	\$750/\$1,500-In Network \$1,500/\$3,000-Out of Network	\$ 750	\$ 1,500	\$ 20	\$ 20	\$ 100	\$0.00 Generic/\$35.00 Brand Copays	\$ 25.00	\$ 45.00		\$ 300.00	\$ 540.00	\$ 1,050.00	\$ 2,040.00
Crawford Central #2	2018-2019	8/29/2017 - 8/29/2022	Highmark	QHDHP \$1,350 / \$2,700	\$ 1,350	\$ 2,700	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ 1,350.00	\$ 2,700.00
Erie County Tech	2013-2014	Expired - 2009-2010 - 2013-2014		\$200/\$400-In-Network \$200/\$600-Out of Network	\$ 200	\$ 400	\$ 10		\$ -	\$15 Copay Generic \$30 Copay Brand (30 day supply or 90 day supply mail order same price)	\$ -	\$ -		\$ -	\$ -	\$ 200.00	\$ 400.00
Erie City	2017-2018	2014-2015 - 2018-2019		\$0-In-Network \$1000/\$2000-Out of Network	\$ -	\$ -	\$ 30	\$ 30		\$8 Generic - 30 Day Retail Supply \$20 Brand - 30 Day Retail Supply \$16 Generic - 90 Day Mail Order Supply \$40 Brand - 90 Day Mail Order Supply	\$ 80.00	\$ 80.00		\$ 960.00	\$ 960.00	\$ 960.00	\$ 960.00
Fairview	2018 - 2019	2018-19 through 2021-2022 raises deductible to \$400/\$800	Working on offering dual choice with Highmark and UPMC as of January 1, 2019 - board has approved and negotiating MOU with PSEA.	\$325/\$650-In & Out of Network 2017 \$350/\$700-In & Out of Network 2018 \$400/\$800-In & Out of Network 2021	\$ 325	\$ 650	\$20 - 2017 \$25 - 2018	\$20 - 2017 \$25 - 2018	\$ 50	Deductible \$25 Ind/\$50 Family 20% - Out of Pocket \$400 Ind./\$800 Family Max	\$ 43.00	\$ 87.00		\$ 516.00	\$ 1,044.00	\$ 841.00	\$ 1,694.00
Franklin				\$250/\$500-In Network \$375/\$875-out of Network	\$ 250	\$ 500	\$ 15		\$ 35	20 % Coinsurance	\$ 50.00	\$ 100.00		\$ 600.00	\$ 1,200.00	\$ 850.00	\$ 1,700.00
Fort LeBoeuf	2018/2019	2018-2019 - 2021-2022	Not offering dual choice January 1, 2019 - maybe later	\$400/\$800-In Network \$550/\$1650-Out of Network	\$ 400	\$ 800	\$ 20	\$ 25	\$ 75	\$10 Generic - \$20 Brand - Mail order \$20 - \$40	\$ 15.00	\$ 25.00		\$ 180.00	\$ 300.00	\$ 580.00	\$ 1,100.00
General McLane	2018-2019	2017-18 thru 2020-21	Single - Aetna	\$100/\$300-Out of Network \$250/\$500-In Network	\$ 100	\$ 200	\$ 25	\$ 40	\$ 200	\$4 generic; \$25 brand; \$40 non-formulary	\$ 54.17	\$ 108.33		\$ 650.00	\$ 1,300.00	\$ 750.00	\$ 1,500.00
Girard	2017/2018	2015-2016 - 2017-2018		\$400/\$800-Out of Network	\$ 250	\$ 500	\$ 20		\$ 60	Deductible \$150 Ind/\$300 Family 20% Coinsurance	\$ 32.50	\$ 32.50		\$ 390.00	\$ 390.00	\$ 640.00	\$ 890.00
Harborcreek	Until 1st day of school 2017/2018 - still negotiating as of 11/13/18	Expired - 2014-2015 - 2016-2017	Planning on offering dual choice - Highmark and UPMC	\$150/\$300-In-Network \$250/\$750-Out of Network	\$ 150	\$ 300	\$ 15		\$ 35	\$10 Generic \$20 Brand	\$ 34.98	\$ 34.98		\$ 420.00	\$ 420.00	\$ 570.00	\$ 720.00
Iroquois	2017/2018	2015-2016 - 2017-2018		\$300/\$600-In Network \$600/\$1200-Out of Network	\$ 300	\$ 600	\$15 for 2017 \$20 for 2018		\$ 35	20%-OOP \$400/\$800 Out of Network ded \$400/\$800, the n20%-No OOP	\$ 20.00	\$ 20.00		\$ 240.00	\$ 240.00	\$ 540.00	\$ 840.00

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Millcreek	2018/2019	2015-2016 2018-2019		\$500/\$1000-In Network \$2000/\$4000-Out of Network	\$ 500	\$ 1,000	\$ 20		\$ 75	\$10 Generic/\$50 Brand \$1,750 maximum per benefit period per family to include brand and generic copayments greater of 30 day supply or 100 units	\$ 50.00	\$ 70.00	Per 26 pays Parent child is 30/780 Husband Wife is 32.50/845	\$ 650.00	\$ 910.00	\$ 1,150.00	\$ 1,910.00
North East	2017/2018 2018/2019			\$300/\$500-In Network, \$1200 OON \$350/\$700-In Network, \$1,400 OON \$335/\$1005-In Network	\$ 300	\$ 500	\$25/\$30	\$35/\$40	\$ 75	\$10 Generic \$30 Brand \$50 Non-Formulary Brand	\$ 45.00	\$ 60.00	Goes to \$50/\$65 in 2018/19	\$ 540.00	\$ 720.00	\$ 840.00	\$ 1,220.00
Northwestern	2017/2018 2018/2019			\$670/\$2010-Out of Network Coinsurance 20% 2017/2018 - \$550/\$1650 2018/2019 - \$600/\$1800	\$ 335	\$ 1,005			\$ 75	\$125/\$250 Retail \$15 Generic \$25 Brand \$40NF Brand Mail Order	\$ 30.00	\$ 40.00	Goes to \$30 / \$40 in 18/19	\$ 360.00	\$ 480.00	\$ 695.00	\$ 1,485.00
NW Tri-County	2017/2018	2013-2014 - 2017-2018		In-network - \$300/\$600 - 1-1-17 - \$400/\$800 - 1-1-18 - out-of-network - \$500/\$1,000	\$ 300	\$ 600	\$ 20	\$ 30	\$ 85	Deductible \$50 Ind/\$100 Family 20% Coinsurance \$500 Ind Coinsurance Max N/A Family Coinsurance Max	\$ 60.00	\$ 60.00		\$ 720.00	\$ 720.00	\$ 1,020.00	\$ 1,320.00
Oil City	2017-2018	2016-2017 - 2021-2022		Option 1 - \$250/\$500 - \$1,200 contr - Option 2 - \$500/\$1,000 - \$852 contr - Option 3 - \$1,000/\$2,000 - \$252 contr - Optionj 4 - \$1,250/\$2,500 - \$0 contr	\$ 250	\$ 500		Dr \$10 - Specialist \$40	\$ 100	\$10 Generic \$30 F Brand \$80 NF Brand				\$ -	\$ -	\$ 250.00	\$ 500.00
Pencrest	2018-2019	2017-18 through 2021- 22	Single - Highmark	\$150/\$300-In & Out of Network 2018 - \$200/\$400 for 2019 - \$250/\$500 for 2020 - \$300/\$600 for 2022	\$ 200	\$ 400	\$ 20	\$ 20	\$ 100	\$5 Generic - \$40 Brand Formulary - \$100 Brand Non-Formulary - Mandatory use of mail order fro all maintenance drugs	\$ 60.00	\$ 60.00		\$ 720.00	\$ 720.00	\$ 920.00	\$ 1,120.00
Union City	2018-2019	2016-2017 - 2019-2020	No dual choice option	\$300 / \$600 - increasing to \$400 / \$800 in 2019-2020	\$ 300	\$ 600	\$ 15	\$ 15	\$ 75	\$0 generic, \$35 brand formulary, \$45 brand non-formulary - also mail order supply of 90 days	\$ 10.00	\$ 15.00		\$ 120.00	\$ 180.00	\$ 420.00	\$ 780.00
Warren				\$500/\$1000-In Network \$1000/\$2000-Out of Network 2017/2018 - \$300/\$600 2018/2019 - \$350/\$700 2019/2020 - \$350/\$700	\$ 500	\$ 1,000	\$ 20		\$ 100	\$0 Generic \$35 Brand \$0 Mail Order Generic \$70 Mail Order Brand	\$ 68.00	\$ 102.00		\$ 816.00	\$ 1,224.00	\$ 1,316.00	\$ 2,224.00
Wattsburg				Same for In & Out of Network	\$ 300	\$ 600	\$ 10	\$ 20	\$ 50	\$10 Generic \$20 Brand	\$ 45.00	\$ 55.00		\$ 540.00	\$ 660.00	\$ 840.00	\$ 1,260.00

Deductible - Employee Contribution and Total

