

# FY18 Medical Plan Options\*

## Option 1

- Increase employee premiums by **30%**
- No change to medical plan design
- Fringe rate remains 28.4%

30%	Low Plan		High Plan	
	Current	FY18	Current	FY18
Individual	\$89	\$116	\$165	\$215
Family	\$326	\$424	\$558	\$725

## Option 2

- Increase employee premiums by **19%**
- No change to medical plan design
- Increase fringe rate to 29%
- 1/2% reduction in merit pool

19%	Low Plan		High Plan	
	Current	FY18	Current	FY18
Individual	\$89	\$106	\$165	\$196
Family	\$326	\$388	\$558	\$664

## Option 3

- Increase employee premiums by **5%**
- Move to BCBS Value Network
- Minimal medical plan design changes
- Fringe rate remains 28.4%

5%	Low Plan		High Plan	
	Current	FY18	Current	FY18
Individual	\$89	\$93	\$165	\$173
Family	\$326	\$342	\$558	\$586

Option 3 Plan Design Changes	Low Plan				High Plan			
	Current		FY18		Current		FY18	
	In-Network	Out-of-Network	In-Network	Out-of-Network**	In-Network	Out-of-Network	In-Network	Out-of-Network**
Deductible	\$900	\$2,250	\$1,000	\$2,350	\$300	\$750	\$500	\$950
Coinsurance	80%	60%	80%	60%	90%	70%	90%	70%
Out-of-Pocket Max.	\$3,600	\$9,000	\$4,000	\$13,000	\$2,100	\$5,250	\$2,500	\$5,650

\* Peer school reviewed. Premium increases may change depending on the additional cost for autism benefits.

\*\* Out-of-network cost for BCBS Value Network

# Fiscal Year 2018 - Medical Plan

**Premiums:** Increase by 10%; WFU continues to pay 70-80%, on average, depending on plan.  
**Autism:** Expanding benefits to include Applied Behavioral Treatment (\$40K/member/year).  
**Wellbeing:** \$100 incentive if health risk assessment, a biometric test, and a one-time health coaching session in partnership with Wake Forest Baptist Health.

	Blue Cross Blue Shield Low Plan		Blue Cross Blue Shield High Plan	
	Current	FY18	Current	FY18
Employee Only	\$89/month	\$97/month	\$165/month	\$182/month
Family	\$326/month	\$359/month	\$558/month	\$614/month
		\$8/month		\$17/month
		\$33/month		\$56/month

	Blue Cross Blue Shield Low Plan		Blue Cross Blue Shield High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Copay	\$25	40% after deductible	\$25	30% after deductible
Specialist Copay	\$40	deductible	\$40	deductible
Coinsurance	20%	40%	10%	30%
Individual Deductible	\$900	\$2,250	\$300	\$750
Family Deductible	\$2,250	\$5,625	\$750	\$1,875
Individual Out-of-Pocket	\$3,600	\$9,000	\$2,100	\$5,250
Family Out-of-Pocket	\$9,000	\$22,500	\$5,250	\$13,125
Health Care Flexible Spending		\$2,550		\$2,550
				\$1,250
				\$3,125
				\$6,250
				\$15,625
				\$2,600

**Prescription Copays** \$15/generic, \$30/preferred, \$60/non-preferred, 10% with a minimum of \$50 copay/specialty, and an additional \$5 copay for using non-preferred pharmacies.