



**Renewal Effective September 1, 2017**

The EHA Board of Directors has announced the following rate and benefit change decisions for the 2017-18 contract year, effective September 1, 2017.

**Premium Rate Change**

The medical rates for all Active Employee and Early Retiree categories will increase by 7.99%.

The dental rates for all Active Employee and Early Retiree categories will increase by 7.99%.

**Medical Benefits**

There will be no changes to existing plan benefit provisions for member deductibles, coinsurance or copays.

**New PPO Plan Designs Offered**

Two new deductible options will be added as briefly described below:

	\$750		\$1,000	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	\$750/\$1,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	20%	40%	20%	40%
Out-of-Pocket	\$4,500/\$9,000	\$9,000/\$18,000	\$4,750/\$9,500	\$9,500/\$19,000

**Pharmacy Preferred Network Change**

As of September 1, 2017, CVS and Target Pharmacies will no longer be Preferred providers. Any prescriptions filed at CVS or Target Pharmacies after September 1, 2017 will be processed with Non-Preferred benefits applied.

## Dental Benefit Changes

The current dental plans will be changed to the following summary benefit descriptions:

### Dental Plan Option 1

	<b>Preferred</b>	<b>Non-Preferred</b>
<b>Deductible</b>	B Services	B Services
Individual	\$25	\$25
Family	\$50	\$50
<b>Coinsurance</b>		
Coverage A	0%	0%
Coverage B	25%	25%

### Dental Plan Option 2

	<b>Preferred</b>	<b>Non-Preferred</b>
<b>Deductible</b>	B, C Services	B, C Services
Individual	\$25	\$50
Family	\$50	\$100
<b>Coinsurance</b>		
Coverage A	0%	50%
Coverage B	25%	50%
Coverage C	50%	50%

### Dental Plan Option 3

	<b>Preferred</b>	<b>Non-Preferred</b>
<b>Deductible</b>	B, C Services	B, C Services
Individual	\$25	\$25
Family	\$50	\$50
<b>Coinsurance</b>		
Coverage A	0%	0%
Coverage B	20%	20%
Coverage C	30%	30%

### Dental Plan Option 4

	<b>Preferred</b>	<b>Non-Preferred</b>
<b>Deductible</b>	B, C Services	B, C Services
Individual	\$25	\$50
Family	\$50	\$100
<b>Coinsurance</b>		
Coverage A	0%	30%
Coverage B	20%	40%
Coverage C	20%	40%
Coverage D	50%	50%
Coverage D Lifetime Maximum	\$2,000	\$2,000

**Dental Plan Option 5**

	<b>Preferred</b>	<b>Non-Preferred</b>
<b>Deductible</b>	B, C Services	B, C Services
Individual	\$25	\$50
Family	\$50	\$100
<b>Coinsurance</b>		
Coverage A	0%	20%
Coverage B	0%	20%
Coverage C	0%	20%