

# Wyandot Crawford Health Benefit Fund

## Health Insurance Rates

\$175K Specific Deductible Amount

Approved Medical & Rx effective 1-1-2018

Rate Increase		5.0%	4.8%	8.0%	11%
		1/1/2016	1/1/2017	Current 1/1/2018	Proposed 1/1/2019
<b>2 Tier Rates</b>					
Common Plan A					
	Single	\$540.55	\$566.50	\$611.82	\$ 679.12
	Family	\$1,475.69	\$1,546.53	\$1,670.25	\$ 1,853.98
Common Plan B					
	Single	\$479.25	\$502.25	\$542.43	\$ 602.10
	Family	\$1,308.33	\$1,371.13	\$1,480.82	\$ 1,643.71
Common Plan C					
	Single	\$450.99	\$472.64	\$510.45	\$ 566.59
	Family	\$1,231.20	\$1,290.30	\$1,393.52	\$ 1,546.81
<b>3 Tier Rates</b>					
Common Plan A					
	Single	\$540.55	\$566.50	\$611.82	\$ 679.12
	2 Party	\$1,232.47	\$1,291.63	\$1,394.96	\$ 1,548.40
	Family	\$1,722.21	\$1,804.88	\$1,949.27	\$ 2,163.69
Common Plan B					
	Single	\$479.25	\$502.25	\$542.43	\$ 602.10
	2 Party	\$1,092.69	\$1,145.14	\$1,236.75	\$ 1,372.80
	Family	\$1,526.89	\$1,600.18	\$1,728.20	\$ 1,918.30
Common Plan C					
	Single	\$450.99	\$472.64	\$510.45	\$ 566.59
	2 Party	\$1,028.26	\$1,077.62	\$1,163.83	\$ 1,291.85
	Family	\$1,436.86	\$1,505.83	\$1,626.29	\$ 1,805.19