

MEDICAL PLAN



Offering health insurance benefits to our employees is an important component of our overall benefit package. Below is a summary of the medical plan benefits available to you and your dependents. For additional detail about coverage provided by the plan reference the Summary of Benefits Coverage.

NOTE: Employees who are currently enrolled in an Amery School District medical plan will continue to be enrolled for the 2018-2019 plan year. If you wish to make changes to your election, including adding or deleting dependents, you must contact the District Office before the end of Open Enrollment.

In-Network Benefits	PREFERRED HSA PLAN \$2,700 - 100% HSA Rx+	NON-PREFERRED HSA PLAN \$3,200 - 100% HSA Rx+
	Health and Well-being Requirement <u>MET</u>	Health and Well-being Requirement <u>NOT MET</u>
Preventive Care	100% Coverage	100% Coverage
Non-Preventive Care Visits	100% Coverage after Deductible \$49 Copay - Virtuwell	100% Coverage after Deductible \$49 Copay - Virtuwell
Deductible	\$2,700 Per Person or \$5,400 Per Family	\$3,200 Per Person or \$6,400 Per Family
Prescription Drugs Specific Preventive Drugs: Other Covered Medications:	\$12 Generic /\$45 Brand 100% Coverage after Deductible	Specific Preventive Drugs: \$12 Generic /\$45 Brand
Out-of-Pocket Max	\$2,700 Per Person \$5,400 Per Family	\$3,200 Per Person \$6,400 Per Family
District HSA Contribution (for employees paying 12% of premium)	\$1,200 Individual Contract \$2,400 Family Contract	\$1,200 Individual Contract \$2,400 Family Contract

Monthly Premiums	Single	Family
	Total Monthly Premium	\$736.46
Employee share if paying 12% of Premium	\$88.38	\$194.14
Employee share if paying 35% of Premium	\$257.76	\$566.26
Employee share if paying 40% of Premium	\$294.58	\$647.16
Contact the District Office for questions on which cost sharing category pertains to you. Rates may vary slightly due to rounding		