



Mondovi School District  
RFP Health Plan Options  
September 1, 2018

		Option 4		
<b>Health Plan</b>		Essential PPO		
<b>Deductible (Single/Family)</b>				
	Network	\$2,000/\$4,000		
	Non-Network	\$4,000/\$8,000		
<b>Coinsurance</b>				
	Network	100%		
	Non-Network	80%		
<b>Maximum Out-of-Pocket (Single/Family)</b>				
Excludes Medical Copayments		No		
Excludes Pharmacy Copayments		No		
	Network	\$3,000/\$6,000		
	Non-Network	\$6,000/\$12,000		
<b>Copayments</b>		Primary	Specialty	
	Network Office Visit	\$10	\$25	then ded/coins
	Non-Network Office Visit	\$25	\$50	then ded/coins
	Network Convenient Care/Telehealth Office Visit	\$0		only copay
	Urgent Care	\$100		then ded/coins
	Emergency Room	\$250		then ded/coins
	High Tech Imaging Copay	\$100/\$200		then ded/coins
	Maximum Out-of-Pocket Medical Copay	\$0/\$0		
<b>Pharmacy</b>				
	Drug Plan	\$0/10/40/80 VCDP		
	Maximum Out-of-Pocket Pharmacy Copay	\$0/\$0		
	Includes Erectile Dysfunction Benefits	No		
	Specialty Pharmacy Coinsurance	No		
<b>Optional Benefits</b>				
	Vision Benefit	Enhanced Vision No Cost Sharing		
	Extraction/Replacement of Teeth	No Extraction Coverage		
	Waiver of Premium	No		
	Vitality	Activate - Employee Only		
<b>Premium Rates</b>		Current		
		Subscribers		
	Single	37	\$846.58	
	Family	61	\$1,921.76	
	Single Medicare	-	\$682.82	
	Family Medicare	-	\$1,365.64	
	Single Medicare w/o Drug	-	\$189.98	
	Family Medicare w/o Drug	-	\$379.96	
	Special Medicare (1 over/1 under) both Rx	-	\$1,529.40	
<b>Monthly Premium</b>		98	\$148,550.82	

Check Box for plan you are selecting:

The rates include the following commission: **These rates include \$21 PCPM commission**  
*The rates in this chart are renewal options for illustrative purposes and are not contract for coverage. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.*

Signature \_\_\_\_\_ Date \_\_\_\_\_