



**Northwood School District**  
**Health Insurance Benefit Comparison**  
 Effective Date: 7/1/2018

Health Carrier	WEA Trust		Security Health Plan	
	Current Benefits		Cooperative Plan	
<b>Insurance Type</b>	PPO		HMO	
	Essential Qualified - HSA		HDHP Embedded - HSA	
<b>Provider Network:</b>	WEA Trust Preferred		HMO Central	
<b>Deductible</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
In Network	\$3,000	\$6,000	\$3,000	\$6,000
Out of Network	\$6,000	\$12,000	NA	NA
<b>Co-Insurance</b>	100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		Not Applicable	
<b>Maximum Out-of-Pocket</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
In Network	\$3,000	\$6,000	\$4,000	\$8,000
Out of Network	\$8,000	\$16,000	NA	NA
			Includes RX Copay	
<b>Office Visits</b>	<b>PCP</b>	<b>Specialist</b>	<b>PCP</b>	<b>Specialist</b>
In Network	100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		Not Covered	
<b>Routine/Preventive Care</b>	Select Services Covered In Full		Select Services Covered In Full	
In Network	Select Services Covered In Full		Select Services Covered In Full	
Out of Network	80% after Deductible		Not Covered	
<b>Urgent Care</b>	100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible	
Out of Network	100% after Deductible		100% after Deductible	
<b>Emergency Room/Services</b>	100% after Deductible		100% after Deductible	
<b>High Tech Imaging</b>	100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		Not Covered	
<b>Hospital Services</b>	100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		Not Covered	
<b>Prescription Drugs</b>	100% after Deductible		Tier 1 / Tier 2 / Tier 3 / Spec. Deductible, \$10 / \$30 / \$60 / 25% Preventive Meds - No Cost to EE	
<b>Optional Benefits</b>	Enhanced Vision - No Cost Sharing No Coverage		Preventive - No Cost Sharing No Coverage	
Vision Benefit	Enhanced Vision - No Cost Sharing		Preventive - No Cost Sharing	
Extraction/Replace of Teeth	No Coverage		No Coverage	
<b>Rates - Employee Share</b>	<b>Current per Payroll</b>		<b>Effective July 1, 2018 per Payroll</b>	
Single	\$40.03		\$43.67	
Family	\$90.47		\$98.70	

*While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.*