

**Delavan-Darien School District
Renewal Health Plan Options
January 1, 2020**



Health Plan	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
	Essential PPO			Essential PPO		
Deductible (Single/Family)						
Network		\$750/\$1,500			\$750/\$1,500	
Non-Network		\$1,500/\$3,000			\$1,500/\$3,000	
Coinsurance						
Network		100%			100%	
Non-Network		80%			80%	
Maximum Out-of-Pocket (Single/Family)						
Excludes Medical Copayments		No			No	
Excludes Pharmacy Copayments		Yes			Yes	
Network		\$1,500/\$3,000			\$1,500/\$3,000	
Non-Network		\$3,000/\$6,000			\$3,000/\$6,000	
Copayments						
Primary						
Specialty						
Network Office Visit	\$25	\$50	copay only	\$25	\$50	copay only
Non-Network Office Visit	\$50	\$100	then ded/coins	\$50	\$100	then ded/coins
Network Convenient Care/Telehealth Office Visit	\$0		copay only	\$0		copay only
Urgent Care	\$75		then ded/coins	\$75		then ded/coins
Emergency Room	\$250		then ded/coins	\$250		then ded/coins
High Tech Imaging Copay	\$0/\$0		then ded/coins	\$0/\$0		then ded/coins
Maximum Out-of-Pocket Medical Copay		\$0/\$0			\$0/\$0	
Pharmacy						
Drug Plan		\$0/10/40/80 VCDP			\$0/10/40/80 VCDP	
Maximum Out-of-Pocket Pharmacy Copay		\$2,000/\$4,000			\$2,000/\$4,000	
Includes Erectile Dysfunction Benefits		No			No	
Specialty Pharmacy Coinsurance		Yes			Yes	
Optional Benefits						
Vision Benefit		No Vision Coverage			No Vision Coverage	
Extraction/Replacement of Teeth		No Extraction Coverage			No Extraction Coverage	
Waiver of Premium		No			No	
Vitality		Activate - Employee Only			Activate - Employee Only	
Premium Rates						
Current						
Subscribers						
Single	42	\$811.48			\$880.46	
Family	161	\$1,867.64			\$2,026.38	
Single Medicare	6	\$593.06			\$643.46	
Family Medicare	4	\$1,186.12			\$1,286.92	
Single Medicare w/o Drug	-	\$160.13			\$173.74	
Family Medicare w/o Drug	-	\$320.26			\$347.48	
Special Medicare (1 over/1 under) both Rx	1	\$1,404.53			\$1,523.90	
Special Medicare (1 over/1 under) one Rx	-	\$971.61			\$1,054.20	
Monthly Premium	214	\$344,479.57			\$373,758.84	

8.5%

Check Box for plan you are Selecting:

The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not a 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

10/15/19
Date