

# Lake Holcombe School District

## At a Glance Health Insurance Benefit

Effective Date: 7/1/2019

Note: in the event of an error, insurance policy will be followed.

Health Carrier		Security Health Plan	
		NW Area Local Government Units Health Ins. Purchasing Cooperative	
Insurance Type		HMO	
		Traditional with RX - HRA Plan	
Provider Network:		HMO Central	
Deductible		Single	Family
In Network		\$2,000	\$4,000
Out of Network		NA	NA
HRA Contribution		Single	Family
Employer Funds per Calendar Year		\$500	\$1,000
Co-Insurance		100% after Deductible	
In Network		100% after Deductible	
Out of Network		Not Applicable	
Maximum Out-of-Pocket		Single	Family
In Network		\$3,000	\$6,000
Out of Network		Includes All Copays	
Out of Network		NA	NA
Office Visits		PCP	Specialist
In Network		\$25 Copay	\$50 Copay
Out of Network		Then Deductible & Coinsurance Apply	
Out of Network		Not Covered	
Routine/Preventive Care		Select Services Covered In Full	
In Network		Select Services Covered In Full	
Out of Network		Not Covered	
Urgent Care		\$100 Copay, then Deductible	
In Network		\$100 Copay, then Deductible	
Out of Network		\$100 Copay, then Deductible	
Emergency Room & Services		\$250 Copay, then Deductible	
High Tech Imaging		100% after Deductible	
In Network		100% after Deductible	
Out of Network		Not Covered	
Hospital Services		100% after Deductible	
In Network		100% after Deductible	
Out of Network		Not Covered	
Prescription Drugs		Tier 1 / Tier 2 / Tier 3 / Speciality	
		\$10 / \$30 / \$60 / \$250	
Optional Benefits		Covered as Preventative - No Cost Sharing	
Vison Exam Benefit		Covered as Preventative - No Cost Sharing	
Extraction/Replace of Teeth		No Coverage	
Waiver of Plan Contribution		None	
Monthly Employee Rates		Tea/12 mth Supp Staff	Sch Yr Supp Staff
Single Monthly EE Contribution		\$115.08	\$326.06
Family Monthly EE Contribution		\$260.08	\$736.88
Above rates will be prorated if less than 1 FTE.			
Full monthly premium as an FYI		Single	Family
		\$958.97	\$2,167.28