

# Valders Area School District

## HEALTH COVERAGE 2020

Carrier		
<b>Provider Network/Plan Type</b>	Focused Network	Focused Network
<b>Deductible</b> <i>Embedded or Non-Embedded</i>	<i>Embedded</i>	<i>Non-Embedded</i>
In-Network (Single / Family)	\$500 / \$1,000	\$1,500 / \$3,000
Out-of-Network (Single / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000
<b>Coinsurance</b>		
In-Network	100%	100%
Out-of-Network	80%	80%
<b>Out-of-Pocket Max</b>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$500 / \$1,000	\$1,500 / \$3,000
Out-of-Network (Single / Family)	\$2,000 / \$4,000	\$6,000 / \$12,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visits</b>		
In-Network	\$10 Copay	Ded, 100% Coins
Out-of-Network	Ded, 80% Coins	Ded, 80% Coins
<b>Specialist</b>		
In-Network	\$20 Copay	Ded, 100% Coins
Out-of-Network	Ded, 80% Coins	Ded, 80% Coins
<b>Routine/Preventive Care</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	Ded, 80% Coins	Ded, 80% Coins
<b>Inpatient Hospital Services</b>		
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 80% Coins	Ded, 80% Coins
<b>Outpatient Hospital Services</b>		
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 80% Coins	Ded, 80% Coins
<b>Urgent Care</b>		
In-Network	\$50 Copay	Ded, 100% Coins
Out-of-Network	\$50 Copay	Ded, 100% Coins
<b>Emergency Room</b>		
In-Network	\$150 Copay	Ded, 100% Coins
Out-of-Network	\$150 Copay	Ded, 100% Coins
<b>Prescription Drugs - In-Network</b>	\$3,000 / \$6,000 Rx MOOP	
Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$50 / 25% \$250 max	Ded, 100% Coins
<b>Mail Order Prescription Drugs</b>	\$3,000 / \$6,000 Rx MOOP	
Tier 1 / Tier 2 / Tier 3	\$20 / \$50 / \$100 / 25% \$250 max	Ded, 100% Coins
<b>Monthly Premium Rates</b>		
Employee	\$765.41	\$634.23
Family	\$1,733.21	\$1,436.16
<b>Monthly Emp. Contrib. Rates (12.6%)</b>		
Employee	\$96.44	\$79.91
Family	\$218.38	\$180.96

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*Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.*

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Benefits and Risk Consulting or vendors of plan provisions or level of payments.