

**Arrowhead Union High School District
2022 - 2023 Employee Benefit Rates - Health Insurance**

**Plan 1 - UNITED HEALTHCARE HEALTH
High Deductible Plan (with HSA)**

Benefits	In-Network	Out of Network
Deductible (single/family)	\$2,800/\$5,600	\$4,000/\$8,000
Coinsurance	90%	70%
Primary Care Visit	10% after deductible	30% after deductible
Specialist Physician	10% after deductible	30% after deductible
Urgent Care	10% after deductible	30% after deductible
Emergency Room	10% after deductible	30% after deductible
Hospitalization	10% after deductible	30% after deductible
Pharmacy	10% after deductible	30% after deductible
Max Out-of-Pocket (single/fam)	\$3,000/\$6,000	\$8,000/\$16,000

HSA contributions can be made by you, Arrowhead, or both. You can make contributions to your HSA every year that you are eligible. Arrowhead will contribute up to \$1,000 single plan or \$2,000 family plan. The total annual contributions cannot exceed \$3,650 single or \$7,300 family.

**Plan 2 - UNITED HEALTHCARE HEALTH
Lower Deductible Plan (with HRA)**

Benefits	In-Network	Out of Network
Deductible (single/family)	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	90%	70%
Primary Care Visit	\$15 Copay	Deductible & Coinsurance
Specialist Physician	\$60 Copay	Deductible & Coinsurance
Urgent Care	\$25 Copay	Deductible & Coinsurance
Emergency Room	\$300 Copay, then coinsurance	Deductible & Coinsurance
Hospitalization	Deductible & Coinsurance	
Pharmacy	\$15/\$45/\$90 Copay	
Max Out-of-Pocket (single/fam)	\$3,000/\$6,000	\$10,000/\$20,000

HRA plan will reimburse a portion of the employee deductible expense (per calendar year) Single plan up to \$1,000 (Employee is responsible for the first \$500 deductible) Family plan up to \$2,000 (Employee is responsible for the first \$1,000 deductible)

Eligibility	Premium Contribution
Employees scheduled to work at least 75% of full-time equivalency are eligible for benefits.	75% assignment - District will pay 88% of the single plan or 75% of the family plan.
	85% assignment - District will pay 88% of the single plan or 85% of the family plan
	88% assignment - District will pay 88% of the single plan or 88% of the single or family plan.

Eligibility	Premium Contribution
Employees scheduled to work at least 75% of full-time equivalency are eligible for benefits.	75% assignment - District will pay 88% of the single plan or 75% of the family plan.
	85% assignment - District will pay 88% of the single plan or 85% of the family plan
	88% assignment - District will pay 88% of the single plan or 88% of the single or family plan.

HEALTH Insurance Rates - High Deductible Plan (with HSA)

	Annual			Monthly		
	Total Cost	District	Employee	Total Cost	District	Employee
Family	\$20,728.20	\$18,240.82	\$2,487.38	\$1,727.35	\$1,520.07	\$207.28
Single	\$9,136.80	\$8,040.38	\$1,096.42	\$761.40	\$670.03	\$91.37
% Share	100.0%	88.0%	12.0%	100.0%	88.0%	12.0%

HEALTH Insurance Rates - Lower Deductible Plan (with HRA)

	Annual			Monthly		
	Total Cost	District	Employee	Total Cost	District	Employee
Family	\$24,007.68	\$21,126.76	\$2,880.92	\$2,000.64	\$1,760.56	\$240.08
Single	\$10,582.32	\$9,312.44	\$1,269.88	\$881.86	\$776.04	\$105.82
% Share	100.0%	88.0%	12.0%	100.0%	88.0%	12.0%

PLEASE NOTE: HSA (Plan 1) and HRA (Plan 2)

- * District contribution will decrease 2% for single or family plan if the employee does not participate in the Health Risk Assessment & Biometric screening.
- * The annual Health Alternative Benefit Plan Cash Election (Cash in lieu of the health insurance benefit) is \$6,000 for the 2022-2023 school year.