

Lake Holcombe School

Northwest Area Local Governmental Units Effective Date: 7/1/2022

Health Carrier	Security Hec	Security Health Plan	
Insurance Type	-	НМО	
	HDHP with	HDHP with HSA	
Provider Network:			
	HMO Premier		
Deductible	Single	Family	
In Network	\$3,000	\$6,000	
Out of Network	NA	NA	
Co-Insurance			
In Network	100% after Deductible		
Out of Network	Not Applicable		
Maximum Out-of-Pocket	Single	Family	
In Network	\$4,000	\$8,000	
	Includes RX Copays		
Out of Network	NA	NA	
Office Visits	РСР	Specialist	
In Network	100% after Deductible		
Out of Network	Not Covered		
Routine/Preventive Care			
In Network	Select Services Covered In Full		
Out of Network	Not Covered		
Urgent Care			
In Network	100% after Deductible		
Out of Network	100% after Deductible		
Emergency Room			
	100% after Deductible		
Hospital Services			
In Network	100% after Deductible		
Out of Network	Not Covered		
Prescription Drugs	Tier 1 / Tier 2 / T	Tier 1 / Tier 2 / Tier 3 / Spec.	
	Deductible, \$10 / \$	Deductible, \$10 / \$30 / \$60 / 25%	
	Preventive - No Cos	Preventive - No Cost to Employee	
Vision Benefit			
Exam Only, In Network	Preventive - No (Preventive - No Cost Sharing	
Rate Guarantee - NTE			
	Not to Exceed 9% for 7/1/2023		
	and 9% for 7/1/2024		
Monthly Employee Rates	Tea/12 mth Support Staff	Sch Yr Support Staff	
Single Plan	\$108.44	\$307.25	
Family Plan	\$245.08	\$694.40	
	Above rates will be prorated if employment is less than a 1 FTE.		
Full Cost Monthly Premium		·	
Full monthly premium as an FYI:	Single	Family	
	\$903.70	\$2,042.36	
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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.

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