

# School District of Siren

## Open Enrollment Election Form

Effective Date: 7/1/2023

Choose your Plan - Effective July 1, 2023				
If you do not turn in a form, your election will stay the same as last year.				
Health Carrier	Security Health Plan		Security Health Plan	
	Option 1		Option 2	
Insurance Type	HMO		HMO	
	Qualified High Deductible Health Plan		Qualified High Deductible Health Plan	
Provider Network:				
	Premier HMO - No coverage out of network, except for emergency or urgent care, or with prior written referral from Security Health Plan		Premier HMO - No coverage out of network, except for emergency or urgent care, or with prior written referral from Security Health Plan	
Deductible	Single	Family	Single	Family
In Network	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$3,000</b>	<b>\$6,000</b>
HSA Contribution by the District	For HSA Eligible Employees		For HSA Eligible Employees	
Single	\$1,500		\$1,500	
Family	\$3,000		\$3,000	
Co-Insurance				
In Network	90% after Deductible		100% after Deductible	
ACA Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$4,000</b>	<b>\$8,000</b>
Routine/Preventive Care				
In Network	Select Services Covered in Full		Select Services Covered in Full	
Emergency and Urgent Care				
In or Out of Network	90% after Deductible		100% after Deductible	
All Other Covered Services				
In Network	90% after Deductible		100% after Deductible	
Prescription Drugs			Tier 1 / Tier 2 / Tier 3 / Specialty	
	90% after Deductible <i>Preventive RX Covered at 100%</i>		Deductible Applies, then Copays \$10/\$30/\$60/25% <i>Preventive RX Covered at 100%</i>	
Rates	Monthly Employee Contribution		Monthly Employee Contribution	
Single	<b>\$0.00</b>		<b>\$69.84</b>	
Family	<b>\$0.00</b>		<b>\$157.84</b>	

### Election Form - Make Election by Wednesday, May 31st

<p>Your election will be effective 7/1/2023 and will be irrevocable until 7/1/2024, at which time you make a new election. If you do not turn in a form, your election will remain the same as last year.</p>	<p><b>Option 1</b> <b>Deductible: \$4000 Single/\$8000 Family</b></p> <div style="border: 1px solid orange; width: 100px; height: 20px; margin: 0 auto;"></div>	<p><b>Option 2</b> <b>Deductible: \$3000 Single/\$6000 Family</b></p> <div style="border: 1px solid orange; width: 100px; height: 20px; margin: 0 auto;"></div>
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**Print Name (First and Last):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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.