

# School District of Arbor Vitae-Woodruff School

## Open Enrollment Election Form - Choice of Networks

Effective July 1, 2023

Choose your Network for July 1, 2023

| Option 1                 | Option 2                 |
|--------------------------|--------------------------|
| <b>Premier Network</b>   | <b>SimplyOne Network</b> |
| Security Health Plan HMO | Security Health Plan HMO |

**Premier HMO-** Includes Marshfield Clinic, all Mayo Clinic locations, Essentia, Prevea, Oak Leaf and UW Health providers

**SimplyOne HMO - Marshfield Clinic** is the **only** major health system in this network

| Health Carrier        | Security Health Plan HMO                 |            | Security Health Plan HMO                 |            |
|-----------------------|--|------------|--|------------|
|                       | HSA Qualified High Deductible            |            | HSA Qualified High Deductible            |            |
| Deductible            | Single                                   | Family     | Single                                   | Family     |
| In Network            | \$2,000                                  | \$4,000    | \$2,000                                  | \$4,000    |
| Co-Insurance          | 100% after Deductible                    |            | 100% after Deductible                    |            |
| In Network            | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Maximum Out-of-Pocket | Single                                   | Family     | Single                                   | Family     |
| In Network            | \$3,000                                  | \$6,000    | \$3,000                                  | \$6,000    |
| Office Visits         | Primary Care                             | Specialist | Primary Care                             | Specialist |
| In Network            | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Emergency/Urgent Care | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Emergency Room        | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Urgent Care           | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Hospital Services     | 100% after Deductible                    |            | 100% after Deductible                    |            |
| In Network            | 100% after Deductible                    |            | 100% after Deductible                    |            |
| Prescription Drugs    | Tier 1 / Tier 2 / Tier 3 / Specialty     |            | Tier 1 / Tier 2 / Tier 3 / Specialty     |            |
|                       | Copayments of \$10 / \$30 / \$60 / 25%   |            | Copayments of \$10 / \$30 / \$60 / 25%   |            |
|                       | Copays work towards Max OOP afer Ded met |            | Copays work towards Max OOP afer Ded met |            |

| Employee Cost Per Month | Employee Cost Per Month |
|-------------------------|-------------------------|
| Single <b>\$0</b>       | Single <b>\$0</b>       |
| Family <b>\$0</b>       | Family <b>\$0</b>       |

Select your network and level of coverage

|  |                                      |
|--|--------------------------------------|
| <b>Single</b> <input type="checkbox"/><br><b>Family</b> <input type="checkbox"/> | <b>Premier</b><br><b>Premier</b>     |
| <b>Single</b> <input type="checkbox"/><br><b>Family</b> <input type="checkbox"/> | <b>SimplyOne</b><br><b>SimplyOne</b> |

Your election will be effective 7/1/2023 and will be irrevocable until open enrollment next year, at which time you make a new election. You can add coverage during the year for yourself or dependents ONLY if you experience one of the following changes: marriage, birth or adoption of a child or loss of other coverage.

**IF YOU DO NOT TURN IN A FORM, YOU WILL AUTOMATICALLY BE ENROLLED IN THE SIMPLYONE PLAN.**

Waiver of Coverage:            I am NOT electing health coverage through the district. I certify that I have been offered coverage and know that I can only enroll during the year if I have one of the following changes: Marriage, birth or adoption or loss of other coverage. **To participate in the cash-in-lieu benefit, I must complete a Waiver and Attestation form.**

**X**

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | 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.  
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