

# Almond-Bancroft School District

## Health Insurance Benefit Comparison

Effective Date: 7/1/2017

Health Carrier	WPS		Security Health Plan #1		Security Health Plan #2		Security Health Plan #3	
	Traditional Copay	Statewide PPO	Network Option #1	Network Option #2	Network Option #3	Point-of-Service		
<b>Provider Network:</b>								
<b>Deductible</b>								
In Network	Per Individual \$2,000	Family \$4,000	Single Only \$1,500	Family \$3,000	Single Only \$1,500	Family \$3,000	Single Only \$1,500	Family \$3,000
Out of Network	\$4,000	\$8,000	N/A	N/A	N/A	N/A	\$3,000	\$6,000
<b>Co-insurance</b>								
In Network	100% after Deductible		100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		N/A	N/A	N/A	N/A	80% after Deductible	
<b>Out-of-Pocket Max</b>								
In Network	Per Individual \$6,850	Family \$13,700	Single Only \$2,500	Family \$5,000	Single Only \$2,500	Family \$5,000	Single \$2,500	Family \$5,000
Out of Network	\$6,850	\$13,700	N/A	N/A	N/A	N/A	\$6,000	\$12,000
<b>HRA Reimbursement</b>								
Employee Responsibility	Single \$500	Family \$1,000	Single \$500	Family \$1,000	Single \$500	Family \$1,000	Single \$500	Family \$1,000
District Reimbursement	Single \$1,500	Family \$3,000	Single \$1,000	Family \$2,000	Single \$1,000	Family \$2,000	Single \$1,000	Family \$2,000
<b>Office Visits</b>								
In Network	Primary \$35 Copay	Specialist \$70 Copay	100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		*Paid as in-network with referral		*Paid as in-network with referral		80% after Deductible	
<b>Preventive Care</b>								
In Network	Select Services Covered in Full	N/A	Select Services Covered in Full	N/A	Select Services Covered in Full	N/A	Select Services Covered in Full	80% after Deductible
Out of Network	N/A	N/A	N/A	N/A	N/A	N/A	80% after Deductible	
<b>Urgent Care</b>								
In Network	\$300 Copay, then Deductible		100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	\$300 Copay, then Deductible		100% after Deductible		100% after Deductible		100% after Deductible	
<b>Emergency Room</b>								
In Network	\$300 Copay, then Deductible		100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	100% after Deductible		100% after Deductible		100% after Deductible		100% after Deductible	
<b>Hospital Services</b>								
In Network	80% after Deductible		*Paid as in-network with referral		*Paid as in-network with referral		80% after Deductible	
Out of Network	80% after Deductible		Preventative @100%		Preventative @100%		Preventative @100%	
<b>Prescription Drugs</b>								
In Network	\$15/\$45/\$80		Deductible, then \$10/\$30/\$60/25%**		Deductible, then \$10/\$30/\$60/25%**		Deductible, then \$10/\$30/\$60/25%**	
Out of Network								
<b>Rates</b>								
Current Plan	26 Pay Periods at 12%		New Option 1 HPPN	26 Pay Periods at 12%	New Option 2 HMO	26 Pay Periods at 12%	New Option 3 POS	26 Pay Periods at 12%
Single	\$825.58	\$45.72	\$659.44	\$36.52	\$736.04	\$40.77	\$767.95	\$42.53
Family	\$1,875.69	\$103.88	\$1,496.93	\$82.91	\$1,670.81	\$92.54	\$1,743.25	\$96.55
				-20.19%		-10.9%		-7.1%

\*Services paid as in-network when approved by Security Health Plan or an eligible out of area dependent

\*\*Copay assistance applies to tier 4

Central + Valley  
Central + Valley

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.