

Unity Health Insurance Rates

(Rates effective July 1, 2017)

As an added benefit, BDUSD contributes 85% of the total Single health insurance premium and 81.5% of the total Family health insurance premium for 100% FTE employees.

The employee is responsible for the balance of monthly premiums.

Any staff member with a contract that is less than 100% FTE will have his/her benefit rates prorated.

HMO Plan

(Deductible: \$1250 Single / \$2500 Family)

SINGLE

Total Monthly Premium: \$717.50
Employer Monthly Contribution: \$609.87
Employee Monthly Deduction: \$107.62
(\$53.81 per pay period – 24 deductions)

FAMILY

Total Monthly Premium: \$1865.50
Employer Monthly Contribution: \$1520.38
Employee Monthly Deduction: \$345.12
(\$172.56 per pay period – 24 deductions)

HMO Plan- HDHP / HSA

(Deductible: \$2000 Single / \$4000 Family)

SINGLE

Total Monthly Premium: \$679.12
Employer Monthly Contribution: \$577.26
Employee Monthly Deduction: \$101.86
(\$50.93 per pay period – 24 deductions)

FAMILY

Total Monthly Premium: \$1765.71
Employer Monthly Contribution: \$1439.05
Employee Monthly Deduction: \$326.66
(\$163.33 per pay period – 24 deductions)

POS Plan

(Deductible: \$1250 Single / \$2500 Family)

SINGLE

Total Monthly Premium: \$775.37
Employer Monthly Contribution: \$609.87
Employee Monthly Deduction: \$165.50
(\$82.75 per pay period – 24 deductions)

FAMILY

Total Monthly Premium: \$2015.96
Employer Monthly Contribution: \$1520.38
Employee Monthly Deduction: \$495.58
(\$247.79 per pay period – 24 deductions)

POS Plan- HDHP / HSA

(Deductible: \$2000 Single / \$4000 Family)

SINGLE

Total Monthly Premium: \$716.86
Employer Monthly Contribution: \$577.26
Employee Monthly Deduction: \$139.60
(\$69.80 per pay period – 24 deductions)

FAMILY

Total Monthly Premium: \$1863.84
Employer Monthly Contribution: \$1439.06
Employee Monthly Deduction: \$424.78
(\$212.39 per pay period – 24 deductions)

Delta Dental Insurance Rates

(Rates effective July 1, 2017)

As an added benefit, BDUSD contributes 85% of the total Single dental insurance premium and 80% of the total Family dental insurance premium for 100% FTE employees.

The employee is responsible for the balance of monthly premiums.

Any staff member with a contract that is less than 100% FTE will have his/her benefit rates prorated.

SINGLE

Total Monthly Premium: \$50.20
Employer Monthly Contribution: \$42.66
Employee Monthly Deduction: \$7.54
(\$3.77 per pay period – 24 deductions)

FAMILY

Total Monthly Premium: \$129.64
Employer Monthly Contribution: \$103.72
Employee Monthly Deduction: \$25.92
(\$12.96 per pay period – 24 deductions)



HMO Benefit Overview

BEAVER DAM UNIFIED SCHOOL DISTRICT
HMO1-1

Annual Deductible	\$1,250/\$2,500 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$2,500/\$5,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
Physician Services	\$0 Copayment for children to age 26
Office Visit	\$30 Copayment
Chiropractor Visits	\$30 Copayment
Hearing Examination	\$30 Copayment
Podiatry Services	\$30 Copayment
Vision Services	\$30 Copayment
Weight Loss/Nutritional Counseling	\$30 Copayment
Hospital Services	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance
Emergency Services	
Emergency Room	\$125 Copayment
Urgent Care	\$60 Copayment
Ambulance	Subject to Deductible and Coinsurance
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	\$20/\$40/\$60/\$100 Spec Rx Copay
Value Tier	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000
Behavioral Health	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	\$30 Copayment
Other Mental Health Professional	\$30 Copayment
Diagnostic Services	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	\$50 Copayment
PET Scan	\$50 Copayment
CAT Scan	\$50 Copayment
Other Services	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	20% Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	\$30 Copayment

This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans HMO policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



HMO Benefit Overview

BEAVER DAM UNIFIED SCHOOL DISTRICT
HMO1-2

Annual Deductible	\$2,000/\$4,000 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$2,000/\$4,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
Physician Services	
Office Visit	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance
Podiatry Services	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance
Hospital Services	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance
Emergency Services	
Emergency Room	Subject to Deductible and Coinsurance
Urgent Care	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	Subject to Deductible and Coinsurance
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
Behavioral Health	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance
Other Mental Health Professional	Subject to Deductible and Coinsurance
Diagnostic Services	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance
Other Services	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	Subject to Deductible and Coinsurance

This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans HMO policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



POS Benefit Overview

BEAVER DAM UNIFIED SCHOOL DISTRICT POS1-1

	In-Network	Out-of-Network
Annual Deductible	\$1,250/\$2,500 (Single/Family)	\$2,500/\$5,000 (Single/Family)
Coinsurance	0% Coinsurance	10% Coinsurance
Annual Maximum Out of Pocket	\$2,500/\$5,000 (Single/Family)	\$5,000/\$10,000 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Physician Services	\$0 Copayment for children to age 26	
Office Visit	\$30 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits	\$30 Copayment	Subject to Deductible and Coinsurance
Hearing Examination	\$30 Copayment	No Benefit
Podiatry Services	\$30 Copayment	Subject to Deductible and Coinsurance
Vision Services	\$30 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	\$30 Copayment	No Benefit
Hospital Services		
General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	\$125 Copayment	\$125 Copayment
Urgent Care	\$60 Copayment	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	\$20/\$40/\$60/\$100 Spec Rx Copay	\$20/\$40/\$60/\$100 Spec Rx Copay
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Behavioral Health		
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	\$30 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	\$30 Copayment	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	\$50 Copayment	Subject to Deductible and Coinsurance
PET Scan	\$50 Copayment	Subject to Deductible and Coinsurance
CAT Scan	\$50 Copayment	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage	10% Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
TMJ Benefits	\$30 Copayment	Subject to Deductible and Coinsurance

This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans POS policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



POS Benefit Overview

BEAVER DAM UNIFIED SCHOOL DISTRICT POS1-2

	In-Network	Out-of-Network
Annual Deductible	\$2,000/\$4,000 (Single/Family)	\$4,000/\$8,000 (Single/Family)
Coinsurance	0% Coinsurance	20% Coinsurance
Annual Maximum Out of Pocket	\$2,000/\$4,000 (Single/Family)	\$5,000/\$10,000 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Physician Services		
Office Visit	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance	No Benefit
Podiatry Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance	No Benefit
Hospital Services		
General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Urgent Care	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket	Subject to Medical Max Out-of-Pocket
Behavioral Health		
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Other Mental Health Professional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	
Durable Medical Equipment	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	
Oral Surgery	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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TMJ Benefits	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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