

BOSCOBEL AREA SCHOOLS 2017-2018 INSURANCE COSTS

Health Insurance		HMO			POS/PPO		
		0% INCREASE			8% INCREASE (Employee pays both Employee and Employer Increase)		
		Per Paycheck	Per Month	Annual	Per Paycheck	Per Month	Annual
Single	Employee	\$43.45	\$86.90	\$1,042.80	\$71.04	\$142.07	\$1,704.85
	District	\$301.37	\$602.74	\$7,232.88	\$301.37	\$602.74	\$7,232.88
	Total	\$344.82	\$689.64	\$8,275.68	\$372.41	\$744.81	\$8,937.73
Family	Employee	\$112.96	\$225.92	\$2,711.04	\$184.68	\$369.36	\$4,432.38
	District	\$783.57	\$1,567.14	\$18,805.68	\$783.57	\$1,567.14	\$18,805.68
	Total	\$896.53	\$1,793.06	\$21,516.72	\$968.25	\$1,936.50	\$23,238.06



HMO Benefit Overview

SCHOOL DISTRICT OF BOSCOBEL AREA SCHOOLS
HMO1-4

Annual Deductible	\$500/\$1,000 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$1,750/\$3,500 (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	\$125 Copayment
Urgent Care	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 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	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	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	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

BOSCOBEL AREA SCHOOLS POS1-2

	In-Network	Out-of-Network
Annual Deductible	\$500/\$1,000 (Single/Family)	\$1,000/\$2,000 (Single/Family)
Coinsurance	0% Coinsurance	20% Coinsurance
Annual Maximum Out of Pocket	\$1,750/\$3,500 (Single/Family)	\$2,000/\$4,000 (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	\$125 Copayment	\$125 Copayment
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	\$10/\$25/\$50 Copay	\$10/\$25/\$50 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	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	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	20% 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	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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