

School District of Cameron

Plan Election Form

Effective Date: January 1, 2018

Choice of Health Plans:	Option 1 - Traditional		Option 2 - HSA Plan		Option 3 - HSA Mayo	
Health Carrier	WEA Trust <i>District Pays 88% of Premium</i>		WEA Trust <i>District Pays 88% of Premium</i>		WEA Trust <i>District Pays 88% of Premium</i>	
Insurance Type	PPO Essential Plan		PPO Essential Qualified Plan - HSA		PPO Essential Qualified Plan - HSA	
Provider Network:	WEA Trust Preferred		WEA Trust Preferred		WEA Mayo Narrow Network	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000
Out of Network	\$4,000	\$8,000	\$6,000	\$12,000	\$6,000	\$12,000
District Funding	See Instruction Sheet for Details		Deposited in Your Personal HSA		Deposited in Your Personal HSA	
Single Plan	\$750 HRA		\$1,500 Health Savings Account		\$1,750 Health Savings Account	
Family Plan	\$1,500 HRA		\$3,000 Health Savings Account		\$3,500 Health Savings Account	
Co-Insurance						
In Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		80% after Deductible		70% after Deductible	
ACA Maximum Out-of-Pocket	Single	Family	Single	Family	Single	Family
In Network	\$5,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000
	Includes All Copays					
Out of Network	\$8,000	\$16,000	\$8,000	\$16,000	\$9,000	\$18,000
Office Visits	PCP	Specialist				
In Network	\$25 Copay	\$50 Copay	100% after Deductible		100% after Deductible	
	Then Ded. & Coinsurance					
Out of Network	\$50 Copay	\$100 Copay	80% after Deductible		70% after Deductible	
Urgent Care	Ded. & Coinsurance Apply					
In Network	\$100 Copay		100% after Deductible		100% after Deductible	
Out of Network	\$100 Copay		80% after Deductible		70% after Deductible	
Emergency Room	Ded. & Coinsurance Apply					
	\$250 Copay		100% after Deductible		100% after Deductible	
Hospital/Hi-Tech Imaging						
In Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80% after Deductible		80% after Deductible		70% after Deductible	
Prescription Drugs	Value / Tier 1 / Tier 2 / Tier 3		Value / Tier 1 / Tier 2 / Tier 3		Value / Tier 1 / Tier 2 / Tier 3	
	\$0 / \$10 / \$40 / \$80		100% after Deductible		100% after Deductible	
Rates - Employee Share	Monthly Premium		Monthly Premium		Monthly Premium	
Single Plan	\$90.84		\$80.10		\$71.83	
Family Plan	\$205.31		\$181.02		\$162.36	
Make election: 2018 Deductible Year	Choose Option 1		Choose Option 2		Choose Option 3	
FORM DUE TO DISTRICT OFFICE	Traditional Plan		High Deductible HSA Plan		High Deductible HSA Plan - Mayo	
BY DECEMBER 1, 2017	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Everyone must return a form. This plan election is binding until our next Open Enrollment for 2019 Calendar Year.

Print Name	X	Date
Waiver:	Signature	Choose NOT to elect District Health Coverage for 2018.
I choose not to enroll in District Health Insurance Coverage. I understand that I will not be able to change this election until open enrollment for 2019 or unless I experience a qualified change of status.	<input type="checkbox"/>	<input type="checkbox"/>

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.