

Cedar Grove-Belgium School District

2017-18 SUMMARY OF MEDICAL PLAN OPTIONS

Benefit	Humana	Humana	Humana
	Base Plan	Premium Plan	High Deductible Plan*
Annual Deductible			
In-Network (Single / Family*)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Network (Single / Family*)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Coinsurance			
In-Network	80%	90%	100%
Out-of-Network	50%	60%	70%
Out-of-Pocket Max	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$3,000 / \$6,000	\$2,500 / \$5,000	\$4,000 / \$8,000
Out-of-Network (Single / Family)	\$9,000 / \$18,000	\$7,500 / \$15,000	\$14,500 / \$29,000
Annual Maximum (per Member)	Unlimited	Unlimited	Unlimited
Physician Office Visits <i>(Includes Mental Health and Substance Abuse)</i>			
In-Network	Deductible / 80%	Deductible / 90%	Deductible / 100%
Out-of-Network	Deductible / 50%	Deductible / 60%	Deductible / 70%
Routine/Preventive Care <i>(Including Diagnostic Lab and X-Ray)</i>			
In-Network	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	Deductible / 50%	Deductible / 60%	Deductible / 70%
Inpatient Hospital Services <i>(Includes Mental Health and Substance Abuse)</i>			
In-Network	Deductible / 80%	Deductible / 90%	Deductible / 100%
Out-of-Network	Deductible / 50%	Deductible / 60%	Deductible / 70%
Outpatient Hospital Services <i>(Includes Mental Health and Substance Abuse)</i>			
In-Network	Deductible / 80%	Deductible / 90%	Deductible / 100%
Out-of-Network	Deductible / 50%	Deductible / 60%	Deductible / 70%
Prescription Drugs**			
In-Network	Deductible / 80%	Deductible / 90%	Deductible / 100%
Out-of-Network	Deductible / 50%	Deductible / 60%	Deductible / 70%
Employee Rate per Paycheck (24 Pay Periods)			
Single	\$11.33	\$19.89	\$0.00
Family	\$95.14	\$119.12	\$47.59

*For the Base and Premium plans the family deductible must be met in its entirety before any coinsurance is applied. For the HDHP family plan, each family members deductible is capped at the single deductible.

**ACA Mandated Preventative/Routine RX is covered at 100%, including birth control and certain smoking cessation prescriptions. Refer to your certificate for a complete listing

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This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied, by Associated Financial Group or vendors of plan provisions or level of payments.