

School District of Colfax

Plan Election Form

Effective Date: June 1, 2017

Choice of Health Plans:		Option 1		Option 2 - HSA		Option 3 - HSA / Mayo	
Health Carrier		WEA Trust		WEA Trust		WEA Trust	
Insurance Type		PPO Essential Plan		PPO Essential Qualified Plan		PPO Essential Qualified Plan	
Provider Network		WEA Trust Preferred		WEA Trust Preferred		WEA Mayo Narrow Network	
Deductible	In Network	Single \$2,000	Family \$4,000	Single \$3,000	Family \$6,000	Single \$3,000	Family \$6,000
	Out of Network	\$4,000	\$8,000	Embedded Deductible \$6,000	\$12,000	Embedded Deductible \$6,000	\$12,000
District Contribution		Single	Family	Single	Family	Single	Family
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	In Network	Single \$6,000	Family \$12,000	Single \$3,000	Family \$6,000	Single \$3,000	Family \$6,000
	Out of Network	Includes All Copays \$10,000 / \$20,000		\$8,000 / \$16,000		\$9,000 / \$18,000	
Office Visits	In Network	PCP \$25 Copay	Specialist \$50 Copay	PCP 100% after Deductible	Specialist 100% after Deductible	PCP 100% after Deductible	Specialist 100% after Deductible
	Out of Network	\$50 Copay / \$100 Copay Ded. & Coinsurance Apply		80% after Deductible		70% after Deductible	
Urgent Care	In Network	\$75 Copay		100% after Deductible		100% after Deductible	
	Out of Network	\$75 Copay		80% after Deductible		70% after Deductible	
Emergency Room	In Network	Ded. & Coinsurance Apply \$250 Copay		100% after Deductible		100% after Deductible	
	Out of Network	Ded. & Coinsurance Apply		80% after Deductible		70% after Deductible	
High Tech Imaging	In Network	\$100 Copay		100% after Deductible		100% after Deductible	
	Out of Network	\$200 Copay		80% after Deductible		70% after Deductible	
Prescription Drugs	In Network	Value / Tier 1 / Tier 2 / Tier 3 \$0 / \$10 / \$30 / \$60		100% after Deductible		100% after Deductible	
	Out of Network			Preventive RX covered at 100%		Preventive RX covered at 100%	

Rates - Employee Share	Monthly Premium	Monthly Premium	Monthly Premium
Single Plan	\$175.32	\$111.13	\$104.32
Family Plan	\$404.96	\$256.71	\$240.99

Make election: Effective 6/1/17

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 May 26, 2017~~

***This plan election is binding until our next Open Enrollment.
All employees and retirees enrolled in the health plan MUST return a form.***

X

Print Name

Signature

Date

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.