



Eleva Strum School District - 2017 Renewal
Effective on: July 1, 2017

BENEFIT DESCRIPTION	Option: 1 - HMO	Option: 2 - HDHP
Lifetime Maximum	Unlimited	Unlimited
Deductible	\$1,750/\$3500	\$2,600/\$5,200 (embedded)
Employer Funded	\$0	\$1,000/\$2,000
Coinsurance	80%	100%
Coinsurance Out-of-Pocket Limit	\$1,000/\$2,000	N/A
Emergency Room	100% after \$100 copay	100% after deductible
Ambulance	80% after deductible	100% after deductible
Surgical Services	80% after deductible	100% after deductible
Office Visits: Primary Care, PT/OT/ST, Chiropractic, Maternity	100% after \$30 copay	100% after deductible
Preventive Care Office Visits	100%	100%
Specialist Care Office Visits	100% after \$30 copay	100% after deductible
Urgent Care Office Visits	100% after \$30 copay	100% after deductible
Immunizations	100%	100%
Lab & X-Ray in Clinic Setting	100%	100% after deductible
Diagnostic Services	80% after deductible	100% after deductible
Home Health Care	100% after \$30 copay	100% after deductible
Hospice Care	80% after deductible	100% after deductible
Oral Surgery	80% after deductible	100% after deductible
Organ Transplant Service	80% after deductible	100% after deductible
Kidney Disease Treatment	80% after deductible	100% after deductible
Hospital Inpatient Services	80% after deductible	100% after deductible
Hospital Outpatient - Surgery or Surgi-Center	80% after deductible	100% after deductible
Skilled Nursing Facilities/Services (30 day limit)	80% after deductible	100% after deductible
Mental Health/AODA Inpatient	80% after deductible	100% after deductible
Mental Health/AODA Outpatient	100% after \$30 copay	100% after deductible
Prescription Drugs	\$5 / \$25 / \$50	100% after deductible
Durable Medical Equipment	80% after deductible	100% after deductible
TMJ Services (non-surgical max 11 visits)		
Office Visits	100% after \$30 copay	100% after deductible
Appliances & Therapy	80% after deductible	100% after deductible
Dependency Criteria	To age 26	To age 26
GROUP SUMMARY		RENEWAL RATES
Employee		\$852.44
Employee/Child(ren)		\$1,943.56
Employee/Spouse		\$1,943.56
Full Family		\$1,943.56
		\$860.08
		\$1,960.98
		\$1,960.98
		\$1,960.98

Benefit Plan Selection (Choose One)

The plan you choose will be in effect from July 1, 2017 through June 30, 2018.

- Option 1 - \$1,750 Single/\$3,500 Family HMO Copay Plan
- Option 2 - \$2,600 Single/\$5,200 Family HMO High Deductible Health Plan - HSA (Health Savings Account)

 Employee Name - Print

 Employee Signature

 Date