

Medical Plan Options

| | \$250 Deductible PPO | | \$1,500 High Deductible with HRA | | Minimum Essential Coverage | |
|---------------------------------|--|---------------|--|---------------|---|---------------|
| Insurance Type | Preferred Provider Organization (PPO) | | High Deductible PPO with Health Reimbursement Account (HRA) | | Minimum Essential Coverage: High Deductible Health Plan | |
| Provider Network: | UHC Choice Plus | | UHC Choice Plus | | UHC Choice Plus | |
| Deductible | Single | Family | Single | Family | Single | Family |
| In Network | \$250 | \$750 | \$1,500 | \$3,000 | \$6,350 | \$12,700 |
| HRA - District Employee Portion | | | \$1,250* | \$2,250* | | |
| Out of Network | \$500 | \$1,500 | \$3,000 | \$6,000 | \$10,000 | \$20,000 |
| Co-Insurance | | | | | | |
| In Network | 90 / 10 | | 90 / 10 | | 100/0 | |
| Out of Network | 70 / 30 | | 70 / 30 | | 70 / 30 | |
| Out-of-Pocket Maximum | Single | Family | Single | Family | Single | Family |
| In Network | \$1,000 | \$2,000 | \$3,000 | \$6,000 | \$6,350 | \$12,700 |
| Out of Network | \$2,000 | \$4,000 | \$7,500 | \$12,000 | \$12,000 | \$24,000 |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | |
| Routine/Preventive Care | | | | | | |
| In Network | Select services covered at 100% | | Select services covered at 100% | | Select services covered at 100% | |
| Out of Network | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| Office Visits | | | | | | |
| In Network | \$15 Copayment then Deductible & Coinsurance <u>OR</u> | | \$15 Copayment then Deductible & Coinsurance <u>OR</u> | | Deductible & Coinsurance | |
| Wellness Center | \$5 Copayment | | \$5 Copayment | | \$5 Copayment | |
| Retail Clinic | \$10 Copayment then 100% | | \$10 Copayment then 100% | | N/A | |
| Out of Network | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| Urgent Care | | | | | | |
| In Network | \$15 Copayment then Deductible & Coinsurance | | \$15 Copayment then Deductible & Coinsurance | | Deductible & Coinsurance | |
| Out of Network | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| Emergency Room | | | | | | |
| | \$100, then Deductible & Coinsurance | | \$100, then Deductible & Coinsurance | | Deductible & Coinsurance | |
| Hospital Services | | | | | | |
| In Network | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| Out of Network | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| Prescription Drugs | | | | | | |
| | \$5 Generic / \$20 Preferred Brand / \$50 Non-Preferred Brand \$0 Preventive | | \$5 Generic / \$20 Preferred Brand / \$50 Non-Preferred Brand \$0 Preventive | | Deductible & Coinsurance | |
| | Maintenance: \$10 Generic \$50 Preferred Brand \$125 Non-Preferred Brand | | Maintenance: \$10 Generic \$50 Preferred Brand \$125 Non-Preferred Brand | | | |

*HRA dollars can only be used for deductible expenses. A maximum \$1,000 single/\$2,000 family can be rolled over from the 2016-17 plan year. Any rolled over dollars can be used for first dollar expenses in future plan years.

Medical Insurance Rates Per Month

IMPORTANT NOTE: The District medical insurance policy requires that if a spouse is offered health insurance through their employer and the cost to the spouse is \$500 or less per month in premiums for single coverage, the spouse must take at least single coverage through their employer plan. They can then be covered secondary under the District health plan. If including a spouse on your medical plan, you will be required to submit the Spouse Medical Insurance Coverage Statement to Human Resources by June 14, 2017.

Medical Insurance Rates: Employees working 30.0–40 hours per week

| \$250 / \$750 Deductible PPO Plan | | |
|--|--|---|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 12% Contribution per Month | 17% Contribution per Month |
| Employee | \$88.77 | \$125.75 |
| Employee & Spouse | \$181.98 | \$257.81 |
| Employee & Child(ren) | \$164.22 | \$232.65 |
| Family | \$230.80 | \$326.97 |

| \$1,500 / \$3,000 High Deductible with HRA Plan | | |
|--|--|---|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 12% Contribution per Month | 17% Contribution per Month |
| Employee | \$75.65 | \$107.17 |
| Employee & Spouse | \$155.05 | \$219.65 |
| Employee & Child(ren) | \$139.92 | \$198.22 |
| Family | \$196.64 | \$278.58 |

| Minimum Essential Coverage Plan | | |
|--|--|---|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 12% Contribution per Month | 17% Contribution per Month |
| Employee | \$49.72 | \$70.44 |
| Employee & Spouse | \$101.91 | \$144.37 |
| Employee & Child(ren) | \$91.97 | \$130.28 |
| Family | \$129.25 | \$183.10 |

Medical Insurance Rates: Employees working 20.16–29.99 hours per week

| \$250 / \$750 Deductible PPO Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 37% Contribution per Month Single Tier 42% Contribution per Month all other tiers | 42% Contribution per Month Single Tier 47% Contribution per Month all other tiers |
| Employee | \$273.70 | \$310.68 |
| Employee & Spouse | \$636.93 | \$712.76 |
| Employee & Child(ren) | \$574.79 | \$643.21 |
| Family | \$807.80 | \$903.97 |

| \$1,500 / \$3,000 High Deductible with HRA Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 37% Contribution per Month Single Tier 42% Contribution per Month all other tiers | 42% Contribution per Month Single Tier 47% Contribution per Month all other tiers |
| Employee | \$233.26 | \$264.78 |
| Employee & Spouse | \$542.67 | \$607.27 |
| Employee & Child(ren) | \$489.72 | \$548.02 |
| Family | \$688.25 | \$770.18 |

| Minimum Essential Coverage Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 37% Contribution per Month Single Tier 42% Contribution per Month all other tiers | 42% Contribution per Month Single Tier 47% Contribution per Month all other tiers |
| Employee | \$153.32 | \$174.04 |
| Employee & Spouse | \$356.68 | \$399.14 |
| Employee & Child(ren) | \$321.88 | \$360.20 |
| Family | \$452.37 | \$506.22 |

Medical Insurance Rates: Employees working 10.16—20.15 hours per week

| \$250 / \$750 Deductible PPO Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 62% Contribution per Month Single Tier 65% Contribution per Month all other tiers | 67% Contribution per Month Single Tier 70% Contribution per Month all other tiers |
| Employee | \$458.63 | \$495.61 |
| Employee & Spouse | \$985.73 | \$1,061.56 |
| Employee & Child(ren) | \$889.55 | \$957.98 |
| Family | \$1,250.17 | \$1,346.34 |

| \$1,500 / \$3,000 High Deductible with HRA Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 62% Contribution per Month Single Tier 65% Contribution per Month all other tiers | 67% Contribution per Month Single Tier 70% Contribution per Month all other tiers |
| Employee | \$390.87 | \$422.39 |
| Employee & Spouse | \$839.85 | \$904.45 |
| Employee & Child(ren) | \$757.89 | \$816.19 |
| Family | \$1,065.15 | \$1,147.08 |

| Minimum Essential Coverage Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 62% Contribution per Month Single Tier 65% Contribution per Month all other tiers | 67% Contribution per Month Single Tier 70% Contribution per Month all other tiers |
| Employee | \$256.91 | \$277.63 |
| Employee & Spouse | \$552.01 | \$594.47 |
| Employee & Child(ren) | \$498.15 | \$539.47 |
| Family | \$700.10 | \$753.95 |

Medical Insurance Rates: Employees working 5.88—10.15 hours per week

| \$250 / \$750 Deductible PPO Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 87% Contribution per Month Single Tier 88% Contribution per Month all other tiers | 92% Contribution per Month Single Tier 93% Contribution per Month all other tiers |
| Employee | \$643.56 | \$680.54 |
| Employee & Spouse | \$1,334.53 | \$1,410.35 |
| Employee & Child(ren) | \$1,204.32 | \$1,272.74 |
| Family | \$1,692.54 | \$1,788.71 |

| \$1,500 / \$3,000 High Deductible with HRA Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 87% Contribution per Month Single Tier 88% Contribution per Month all other tiers | 92% Contribution per Month Single Tier 93% Contribution per Month all other tiers |
| Employee | \$548.47 | \$580.00 |
| Employee & Spouse | \$1,137.02 | \$1,201.63 |
| Employee & Child(ren) | \$1,026.07 | \$1,084.37 |
| Family | \$1,442.05 | \$1,523.98 |

| Minimum Essential Coverage Plan | | |
|--|--|--|
| | With Personal Health Assessment | Without Personal Health Assessment |
| | 87% Contribution per Month Single Tier 88% Contribution per Month all other tiers | 92% Contribution per Month Single Tier 93% Contribution per Month all other tiers |
| Employee | \$360.50 | \$381.22 |
| Employee & Spouse | \$747.33 | \$789.79 |
| Employee & Child(ren) | \$674.41 | \$712.73 |
| Family | \$947.82 | \$1,001.68 |

2017-2018 Premiums - \$250 Deductible PPO Plan

30.0 + Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|-----------|----------|
| Total | District | Employee |
| 8,876.64 | 7,811.44 | 1,065.20 |
| 18,198.12 | 16,014.35 | 2,183.77 |
| 16,422.48 | 14,451.78 | 1,970.70 |
| 23,080.08 | 20,310.47 | 2,769.61 |

20.16 - 29.99 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|-----------|----------|
| Total | District | Employee |
| 8,876.64 | 5,592.28 | 3,284.36 |
| 18,198.12 | 10,554.91 | 7,643.21 |
| 16,422.48 | 9,525.04 | 6,897.44 |
| 23,080.08 | 13,386.45 | 9,693.63 |

10.16 - 20.15 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|-----------|
| Total | District | Employee |
| 8,876.64 | 3,373.12 | 5,503.52 |
| 18,198.12 | 6,369.34 | 11,828.78 |
| 16,422.48 | 5,747.87 | 10,674.61 |
| 23,080.08 | 8,078.03 | 15,002.05 |

5.88 - 10.15 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|-----------|
| Total | District | Employee |
| 8,876.64 | 1,153.96 | 7,722.68 |
| 18,198.12 | 2,183.77 | 16,014.35 |
| 16,422.48 | 1,970.70 | 14,451.78 |
| 23,080.08 | 2,769.61 | 20,310.47 |

2017-2018 Premiums - \$1,500 High Deductible Health Plan

30.0 + Hours Per Week

Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|-----------|----------|
| Total | District | Employee |
| 7,565.16 | 6,657.34 | 907.82 |
| 15,504.84 | 13,644.26 | 1,860.58 |
| 13,991.88 | 12,312.85 | 1,679.03 |
| 19,664.28 | 17,304.57 | 2,359.71 |

20.16 - 29.99 Hours Per Week

Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|-----------|----------|
| Total | District | Employee |
| 7,565.16 | 4,766.05 | 2,799.11 |
| 15,504.84 | 8,992.81 | 6,512.03 |
| 13,991.88 | 8,115.29 | 5,876.59 |
| 19,664.28 | 11,405.28 | 8,259.00 |

10.16 - 20.15 Hours Per Week

Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|-----------|
| Total | District | Employee |
| 7,565.16 | 2,874.76 | 4,690.40 |
| 15,504.84 | 5,426.69 | 10,078.15 |
| 13,991.88 | 4,897.16 | 9,094.72 |
| 19,664.28 | 6,882.50 | 12,781.78 |

5.88 - 10.15 Hours Per Week

Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|-----------|
| Total | District | Employee |
| 7,565.16 | 983.47 | 6,581.69 |
| 15,504.84 | 1,860.58 | 13,644.26 |
| 13,991.88 | 1,679.03 | 12,312.85 |
| 19,664.28 | 2,359.71 | 17,304.57 |

2017 - 2018 Premiums - Minimum Essential Plan

30.0 + Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|-----------|----------|
| Total | District | Employee |
| 4,972.44 | 4,375.75 | 596.69 |
| 10,190.88 | 8,967.97 | 1,222.91 |
| 9,196.56 | 8,092.97 | 1,103.59 |
| 12,924.84 | 11,373.86 | 1,550.98 |

20.16 - 29.99 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|----------|
| Total | District | Employee |
| 4,972.44 | 3,132.64 | 1,839.80 |
| 10,190.88 | 5,910.71 | 4,280.17 |
| 9,196.56 | 5,334.00 | 3,862.56 |
| 12,924.84 | 7,496.41 | 5,428.43 |

10.16 - 20.15 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|----------|
| Total | District | Employee |
| 4,972.44 | 1,889.53 | 3,082.91 |
| 10,190.88 | 3,566.81 | 6,624.07 |
| 9,196.56 | 3,218.80 | 5,977.76 |
| 12,924.84 | 4,523.69 | 8,401.15 |

5.88 - 10.15 Hours Per Week
 Employee
 Employee + Spouse
 Employee + Child(ren)
 Family

| Annual Plan Cost | | |
|------------------|----------|-----------|
| Total | District | Employee |
| 4,972.44 | 646.42 | 4,326.02 |
| 10,190.88 | 1,222.91 | 8,967.97 |
| 9,196.56 | 1,103.59 | 8,092.97 |
| 12,924.84 | 1,550.98 | 11,373.86 |