

Loyal School District
Health Insurance Election Form
Effective Date: 07-01-2017

Waive Coverage
 (Please sign and date below)

Plan	Security Health Plan \$2,000 / \$4,000 Ascension/Marshfield Narrow Network		Security Health Plan \$2,000 / \$4,000 HMO - Central		Security Health Plan \$2,000 / \$4,000 POS - Central	
Premium Contribution	Monthly Deduction		Monthly Deduction		Monthly Deduction	
Single	93.23		178.16		213.55	
Family	211.64		404.44		484.77	
Plan Specifics						
Monthly Premium	Single	Family	Single	Family	Single	Family
	\$745.87	\$1,693.12	\$830.80	\$1,885.92	\$866.19	\$1,966.25
Deductible	Single	Family				
In-Network	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-Network	N/A	N/A	N/A	N/A	\$4,000	\$8,000
HRA Contribution	Single	Family	Single	Family	Single	Family
District HRA						
Coinsurance						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
Out-of-Pocket Maximum	Single	Family	Single	Family	Single	Family
In-Network	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Out-of-Network	N/A	N/A	N/A	N/A	\$6,000	\$12,000
Office Visits						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
Routine/Preventive Care						
In-Network	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
Out-of-Network	N/A		N/A		80% after Deductible	
Urgent Care						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Emergency Room						
	\$100 Copay, 100% after Deductible		\$100 Copay, 100% after Deductible		\$100 Copay, 100% after Deductible	
Hospital Services						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
Prescription (Rx) Drugs	Tier I / Tier II / Tier III		Tier I / Tier II / Tier III		Tier I / Tier II / Tier III	
	\$10/ \$30/ \$60/ \$250		\$10/ \$30/ \$60/ \$250		\$10/ \$30/ \$60/ \$250	
Election	Security Health Plan HPPN Narrow Network		Security Health Plan HMO		Security Health Plan POS	
My Election (Check Box)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Print Employee Name						
Employee 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.