

NAME: _____

**SCHOOL DISTRICT OF MAPLE
HEALTH INSURANCE OPTIONS
HEALTH PARTNERS**

OPTION CHOICE: _____

Return to Wendy Stauty, Executive Bookkeeper
by June 2, 2017

OPTION A Original Renewal

Effective July 1, 2017 Renewal Rates		District Plan HRA - VEBA		80% Co-Insurance		District Paid	
Plan	Monthly	Yearly	Deductible	Yearly Cost	Deductible	Yearly Cost	HRA
Family Plan	\$ 1,722.98	\$ 20,675.76	\$ 3,000.00	\$ 16,368.36	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Single Plan	\$ 574.32	\$ 6,891.84	\$ 1,500.00	\$ 5,416.08	\$ 1,500.00	\$ 750.00	\$ 750.00

HardCap or maximum amount paid for by the District

Plan	Amount	Months	Yearly Cost
Family	\$ 1,364.03	12	\$ 16,368.36
Single	\$ 451.34	12	\$ 5,416.08

Difference in July 1 Option A rate and amount paid by the Employee

Family Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2017	12	\$ 1,722.98	\$ 143.58
District Share		\$ 1,364.03	\$ 113.67
Employee Share		\$ 358.95	\$ 29.76

Single Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2017	12	\$ 574.32	\$ 47.86
District Share		\$ 451.34	\$ 37.61
Employee Share		\$ 122.98	\$ 10.25

OPTION B

Effective July 1, 2017 Renewal Rates		District Plan HRA - VEBA		80% Co-Insurance		District Paid	
Plan	Monthly	Yearly	Deductible	Yearly Cost	Deductible	Yearly Cost	HRA
Family Plan	\$ 1,586.06	\$ 19,032.72	\$ 4,000.00	\$ 16,663.92	\$ 4,000.00	\$ 1,500.00	\$ 1,500.00
Single Plan	\$ 528.68	\$ 6,344.16	\$ 2,000.00	\$ 5,514.60	\$ 2,000.00	\$ 750.00	\$ 750.00

HardCap or maximum amount paid for by the District

Plan	Amount	Months	Yearly Cost
Family	\$ 1,388.66	12	\$ 16,663.92
Single	\$ 459.55	12	\$ 5,514.60

Difference in July 1 Option B rate and amount paid by the Employee

Family Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2016	12	\$ 1,586.06	\$ 132.17
District Share		\$ 1,388.66	\$ 115.72
Employee Share		\$ 197.40	\$ 16.45

Single Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2016	12	\$ 528.68	\$ 44.06
District Share		\$ 459.55	\$ 38.29
Employee Share		\$ 69.13	\$ 5.77

OPTION C

Effective July 1, 2017 Renewal Rates		District Plan HSA		80% Co-Insurance		District Paid	
Plan	Monthly	Yearly	Deductible	Yearly Cost	Deductible	Yearly Cost	Funded
Family Plan	\$ 1,545.19	\$ 18,542.28	\$ 6,000.00	\$ 1,500.00	\$ 6,000.00	\$ 1,500.00	\$ 1,500.00
Single Plan	\$ 515.06	\$ 6,180.72	\$ 3,000.00	\$ 750.00	\$ 3,000.00	\$ 750.00	\$ 750.00

Individual option, however cannot have an HRA Plan and HSA

No Rx
Preventive care = 100%; everything else toward deductible
Can have no other health insurance plan with an HSA

HardCap or maximum amount paid for by the District

Plan	Amount	Months	Yearly Cost
Family	\$ 1,381.07	12	\$ 16,572.84
Single	\$ 457.02	12	\$ 5,484.24

Difference in July 1 Option C rate and amount paid by the Employee

Family Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2016	12	\$ 1,545.19	\$ 128.77
District Share		\$ 1,381.07	\$ 115.09
Employee Share		\$ 164.12	\$ 13.68

Single Plan	Months	Yearly Cost	Cost per Pay Date
July 1, 2016	12	\$ 515.06	\$ 42.92
District Share		\$ 457.02	\$ 38.08
Employee Share		\$ 58.04	\$ 4.84

COMPLETE ONLY IF CHANGING OPTIONS (i.e., Option A to Option B)

11/14/2017

HealthPartners: WI Empower HRA NationalONE - "\$1500-80%"

Coverage Period: 07/01/2016 - 06/30/2017

Coverage for: All Coverage Levels | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.healthpartners.com or by calling 1-800-883-2177.

Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>In-network: \$1,500 Individual, \$3,000 Family Out-of-network: \$2,000 Individual, \$4,000 Family Services marked with * in Common Medical Events are not subject to deductible Your employer HRA contribution helps cover the cost of the deductible.</p>	<p>You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u>.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. In-network medical: \$2,000 Individual, \$4,000 Family Out-of-network medical: \$4,000 Individual, \$8,000 Family Pharmacy: \$5,000 Individual, \$10,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Premium, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
<p>Does this plan use a <u>network of providers</u>?</p>	<p>Yes. For a list of <u>in-network providers</u>, see www.healthpartners.com/networks or call 1-800-883-2177.</p>	<p>If you use an in-network doctor or other health care <u>provider</u>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u>, or participating for <u>providers</u> in their <u>network</u>. See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u>.</p>

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HealthPartners: WI Empower HRA NationalONE - "\$2000-80%"

Coverage Period: 07/01/2016 - 06/30/2017

Summary of Coverage: What this Plan Covers & What it Costs

Coverage for: All Coverage Levels | Plan Type: PPO




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Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>In-network: \$2,000 Individual, \$4,000 Family Out-of-network: \$2,500 Individual, \$5,000 Family Services marked with * in Common Medical Events are not subject to deductible Your employer HRA contribution helps cover the cost of the deductible.</p>	<p>You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u>.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. In-network medical: \$4,000 Individual, \$8,000 Family Out-of-network medical: \$5,000 Individual, \$10,000 Family Pharmacy: \$5,000 Individual, \$10,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Premium, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
<p>Does this plan use a <u>network of providers</u>?</p>	<p>Yes. For a list of <u>in-network providers</u>, see www.healthpartners.com/network or call 1-800-883-2177.</p>	<p>If you use an in-network doctor or other health care <u>provider</u>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u>, or participating for <u>providers</u> in their <u>network</u>. See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u>.</p>

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Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-network: \$3,000 Individual, \$6,000 Family Out-of-network: \$4,000 Individual, \$8,000 Family	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. In-network: \$3,000 Individual, \$6,000 Family Out-of-network: \$8,000 Individual, \$16,000 Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>in-network providers</u> , see www.healthpartners.com/networks or call 1-800-883-2177.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers in their network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

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