

Marathon City School District

Health Insurance Election Form

Effective Date: 07-01-2017

Waive Coverage

(Please sign and date below)

Plan	Security Health Plan \$1,500 / \$3,000 HMO - Central		Security Health Plan \$1,500 / \$3,000 POS - Central	
	Deduction Per 26 Paychecks		Deduction Per 26 Paychecks	
Premium Contribution @ 12%				
Single	\$0		\$14.69	
Family	\$0		\$33.46	
Plan Specifics				
Monthly Premium	Single	Family	Single	Family
	\$739.99	\$1,685.99	\$771.81	\$1,758.49
Deductible				
In-Network	\$1,500	\$3,000	\$1,500	\$3,000
Out-of-Network	N/A	N/A	\$3,000	\$6,000
HSA Contribution	Single	Family	Single	Family
District HSA	\$0	\$0	\$0	\$0
Coinsurance				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Out-of-Pocket Maximum	Single	Family	Single	Family
In-Network	\$1,500	\$3,000	\$1,500	\$3,000
Out-of-Network	N/A	N/A	\$6,000	\$12,000
Office Visits				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Routine/Preventive Care				
In-Network	Select Services Covered in Full		Select Services Covered in Full	
Out-of-Network	N/A		80% after Deductible	
Urgent Care				
In-Network	100% after Deductible		100% after Deductible	
Emergency Room				
	100% after Deductible		100% after Deductible	
Hospital Services				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Prescription (Rx) Drugs	Tier I / Tier II / Tier III		Tier I / Tier II / Tier III	
	100% after Deductible		100% after Deductible	
Election	Security Health Plan HMO		Security Health Plan POS	
My Election (Check Box)	Single <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Family <input type="checkbox"/>
Print Employee Name				
Employee Signature				Date