

## Security Health Plan – Option 1 – HDHP \$1,500 / \$3,000 Deductible

Option 1 available with Security Health Plan is considered a Qualified High Deductible Health Plan (QHDHP) which allows you to open a Health Savings Account. For 2017-2018 the Option 1 plan deductible will be \$1,500 single and \$3,000 family. We offer an HMO style plan, which means there are only urgent/emergent services available outside of the network. If you have dependents under the age of 26 on your plan, they will be covered as if they are in network whether they are a full time student or not.

Security Health Plan	CHOICE 1
<b>Deductible</b>	
Individual	\$1,500
Family	\$3,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$2,500
Family	\$5,000
Physician Visit	Deductible then 100%
Hospitalization	Deductible then 100%
Preventive Care	Covered at 100%
Emergency Room	Deductible then 100%
<b>Prescription Drugs</b>	Deductible then
Retail / Mail Order	Available
Generic	\$10
Preferred	\$30
Non-Preferred	\$60
Specialty	25%

### Your Cost in 2017 – 18

EMPLOYEE SEMI-MONTHLY DEDUCTIONS				
	Employee Only (24 Deductions)	Family (24 Deductions)	Employee (20 Deductions)	Family (20 Deductions)
With Wellness	\$15.92	\$36.14	\$19.10	\$43.36
Without Wellness	\$40.92	\$61.14	\$49.10	\$73.36

## Security Health Plan – Option 2 – HDHP \$2,000 / \$4,000 Deductible

Option 2 with Security Health Plan is also considered a QHDHP that allows you to open a Health Saving Account. This plan is also an HMO style plan with a higher deductible but lower monthly premiums.

Security Health Plan	CHOICE 2
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$3,000
Family	\$6,000
<b>Physician Visit</b>	Deductible then 100%
<b>Hospitalization</b>	Deductible then 100%
<b>Preventive Care</b>	Covered at 100%
<b>Emergency Room</b>	Deductible then 100%
<b>Prescription Drugs</b>	Deductible then
Retail / Mail Order	Available
Generic	\$10
Preferred	\$30
Non-Preferred	\$60
Specialty	25%

### Your Cost in 2017 – 18

EMPLOYEE SEMI-MONTHLY DEDUCTIONS				
	Employee Only (24 Deductions)	Family (24 Deductions)	Employee (20 Deductions)	Family (20 Deductions)
	\$1.89	\$4.29	\$2.27	\$5.15
Without Wellness	\$26.89	\$29.29	\$32.27	\$35.15

## Security Health Plan – Option 3 – \$1,500 / \$3,000 Deductible with Copay (Non HDHP – not eligible for HSA)

Option 3 with Security Health Plan is a Traditional Deductible plan and it includes Office Visit Copays.

Security Health Plan	CHOICE 3
<b>Deductible</b>	
Individual	\$1,500
Family	\$3,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$1,500
Family	\$3,000
Physician Visit	\$30 Office Visit Copay
Hospitalization	Deductible then 100%
Preventive Care	Covered at 100%
Emergency Room	\$150 Copay
<b>Prescription Drugs</b>	
Retail / Mail Order	Available
Generic	\$10
Preferred	\$30
Non-Preferred	\$60
Specialty	25%

### Your Cost in 2017 – 18

EMPLOYEE SEMI-MONTHLY DEDUCTIONS				
	Employee Only (24 Deductions)	Family (24 Deductions)	Employee (20 Deductions)	Family (20 Deductions)
With Wellness	\$29.42	\$66.79	\$35.31	\$80.15
Without Wellness	\$54.42	\$91.79	\$65.30	\$110.15

# SecurityHealthPlan<sub>SM</sub>

Promises kept, plain and simple.<sup>SM</sup>

MERRILL AREA PUBLIC SCHOOL DISTRICT

Renewal: 7/1/2017

JOHN PREUSS/THERESA HASZ

Quote ID: 1788

Product Options

Renewal Option 1 HMO HDHP \$1600 DED Rx Option 1	Renewal Option 2 Indemnity HDHP \$1500 DED Rx Option 1	Renewal Option 3 HMO HDHP \$2000 DED Rx Option 1
---	---	---

	Central/HMO HDHP Umbrella	Indemnity HDHP Umbrella	Central/HMO HDHP Umbrella
<b>Benefits</b>			
Deductible (Single/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	100%	100%	100%
Coinsurance Limit (Single/Family)	\$0/\$0	\$0/\$0	\$0/\$0
Maximum Out-of-Pocket (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000
Emergency Room Copayment	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care Copayment	Ded/Coins	Ded/Coins	Ded/Coins
Office Visit Copayment	Ded/Coins	Ded/Coins	Ded/Coins
Specialist Office Visit Copayment	Ded/Coins	Ded/Coins	Ded/Coins
Preventive Benefit	Paid at 100%*	Paid at 100%*	Paid at 100%*
Laboratory/Radiology Benefit	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance
Dependent Wrap Benefit	Included	Included	Included
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25%	Integrated drug coverage then \$10/\$30/\$60/25%	Integrated drug coverage then \$10/\$30/\$60/25%
Mail Order	x 2 Copay(s)	x 2 Copay(s)	x 2 Copay(s)
	Contracts   Rates	Contracts   Rates	Contracts   Rates
EE Only	27   \$806.52	1   \$889.08	26   \$766.87
ES	41   \$1,830.80	0   \$2,018.22	9   \$1,740.81
EE +1 child	3   \$1,830.80	0   \$2,018.22	3   \$1,740.81
EE +2 or more children	6   \$1,830.80	1   \$2,018.22	2   \$1,740.81
Family	127   \$1,830.80	2   \$2,018.22	31   \$1,740.81
Medicare Single	0   \$403.28	0   \$444.54	0   \$383.44
Medicare Couple	0   \$806.52	0   \$889.08	0   \$766.87
Medicare Split	6   \$1,209.78	0   \$1,333.63	0   \$1,150.31
<b>Total</b>	<b>210   \$353,088.32</b>	<b>4   \$8,943.74</b>	<b>71   \$98,275.07</b>

\*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on benefit year. Rates have been calculated for the period 7/1/2017 through 6/30/2018.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature Cindy Weig Date 4/21/2017

# SecurityHealth Plan<sup>ca</sup>

Promises kept, plain and simple.\*

MERRILL AREA PUBLIC SCHOOL DISTRICT

Renewal: 7/1/2017

JOHN PREUSS/THERESA HASZ

Quote ID: 1788

### Product Options

Renewal Option 4  
Indemnity HDHP \$2000 DED Rx  
Option 1

Renewal Option 5  
HMO TRAD \$1500 DED Rx Option 1

Renewal Option 6  
Indemnity TRAD \$1500 DED Rx  
Option 1

Benefits	Indemnity HDHP Umbrella	Central/HMO Traditional With Rx	Indemnity Traditional With Rx
Deductible (Single/Family)	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	100%	100%	100%
Coinsurance Limit (Single/Family)	\$0/\$0	\$0/\$0	\$0/\$0
Maximum Out-of-Pocket (Single/Family)	\$3,000/\$6,000	\$1,500/\$3,000	\$1,500/\$3,000
Emergency Room Copayment	Ded/Coins	Ded/Coins/\$150	Ded/Coins/\$150
Urgent Care Copayment	Ded/Coins	\$30	\$30
Office Visit Copayment	Ded/Coins	\$30	\$30
Specialist Office Visit Copayment	Ded/Coins	\$30	\$30
Preventive Benefit	Paid at 100%*	Paid at 100%*	Paid at 100%*
Laboratory/Radiology Benefit	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance
Dependent Wrap Benefit	Included	Included	Included
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25%	\$10/\$30/\$60/25%	\$10/\$30/\$60/25%
Mail Order	x 2 Copay(s)	x 2 Copay(s)	x 2 Copay(s)
	<b>Contracts</b>   <b>Rates</b>	<b>Contracts</b>   <b>Rates</b>	<b>Contracts</b>   <b>Rates</b>
EE Only	0   \$845.40	5   \$917.32	0   \$1,013.24
ES	0   \$1,919.06	2   \$2,082.32	0   \$2,300.05
EE + 1 child	0   \$1,919.06	1   \$2,082.32	0   \$2,300.05
EE +2 or more children	0   \$1,919.06	1   \$2,082.32	0   \$2,300.05
Family	1   \$1,919.06	7   \$2,082.32	1   \$2,300.05
Medicare Single	0   \$422.70	0   \$458.66	0   \$506.62
Medicare Couple	0   \$845.40	0   \$917.32	0   \$1,013.24
Medicare Split	0   \$1,268.10	0   \$1,375.98	0   \$1,519.86
<b>Total</b>	<b>1</b>   <b>\$1,919.06</b>	<b>16</b>   <b>\$27,492.12</b>	<b>1</b>   <b>\$2,300.05</b>

\*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on benefit year. Rates have been calculated for the period 7/1/2017 through 6/30/2018.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature Cindy Wey Date 4-21-2017