

School District of New Auburn

We offer Health Insurance Benefit Comparison

a plans

Effective Date: 7/1/2017

				LEAST POP	War Plan	MOST POT	WLAR PIN	
Health Carrier		WEA Trust			WEA Trust		MOST POPULAR PLA	
		Current Benefits		Option 1 - Effective 7/1/17		Option 2 (HSA) - Effective 7/1/2		
Provider Network:		PPO		PPO		PPO		
		Essential PPO		Essential PPO		Essential Qualified		
		WEA Trust Preferred		WEA Trust Preferred		WEA Trust Preferred		
Deductible		Single	Family	Single	Family	Single	Family	
	In Network	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	
Co Incursor	Out of Network	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000	
Co-Insurance			_ /.					
In Network		100% after Deductible		100% after Deductible		100% after Deductible		
Out of Network		80% after Deductible		80% after Deductible		80% after Deductible		
Funding for Deducti		Single	Family	Single	Family	Single	Family	
Emp	oloyer Contribution	\$500	\$500	\$500	\$500	\$1,500	\$3,000	
Type of Account		\HRA/		HRA		HSA (Health Savings Account)		
ACA Maximum Out		Single	Family	Single	Family	Single	Family	
	In Network	\$4,500	\$9,000	\$5,000	\$10,000	\$3,000	\$6,000	
	Out of Network	\$7,000	\$14,000	\$8,000	\$16,000	\$8,000	\$16,000	
Office Visits		PCP	Specialist	PCP	Specialist	PCP	Specialis	
	In Network	\$25 Copay	\$50 Copay	\$25 Copay	\$50 Copay	100% after	The state of the s	
		Then Deductible/Coinsurance		Then Deductible/Coinsurance				
	Out of Network	\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay	80% after I	Deductible	
outine/Preventive	Care					STATISTICS CONT.	WEATH IN SECTION	
In Network		Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full		
Out of Network		\$50 Copay, then 80% after Ded.		\$50 Copay, then 80% after Ded.		80% after Deductible		
rgent Care						NAME OF THE OWNER OWNER OF THE OWNER OWNE		
In Network		\$75 Copay, then Deductible		\$100 Copay, then Deductible		100% after Deductible		
Out of Network		\$75 Copay, then Deductible		\$100 Copay, then Deductible		80% after Deductible		
mergency Room						ESTRES BARRIES		
		\$250 Copay, the	n Deductible	\$250 Copay, th	en Deductible	100% after	Deductible	
ligh Tech Imaging								
In Network		\$250 Copay, then Deductible		\$100 Copay, then Deductible		100% after Deductible		
	Out of Network	\$500 Copay, then	80% after Ded.	\$100 Copay, then	80% after Ded.	80% after D	Deductible	
ospital Services					NAME OF THE OWNER.			
In Network		100% after Deductible		100% after Deductible		100% after Deductible		
	Out of Network	\$0% after De	80% after Deductible		80% after Deductible		80% after Deductible	
rescription Drugs		Value / Tier 1 / Tier 2 / Tier 3		Value / Tier 1 / Tier 2 / Tier 3		Value / Tier 1 / Tier 2 / Tier 3		
		\$0 / \$5 / \$20 / \$40		\$0 / \$10 / \$40 / \$80		100% after Deductible		
ptional Benefits								
Vision Benefit		Enhanced Vision - No Cost Sharing		Routine Vision - Cost Sharing		Enhanced Vision - No Cost Sharin		
ates - Monthly		Current Employee Share		Option 1		Option 2		
mployee		\$88.48		\$90.84		\$80.10		
amily		\$199.95		\$205.31		\$181.02		
				2.70%	Increase	-9 47%	Decrease	

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.