

Omro School District
Renewal Health Plan Options
January 1, 2018

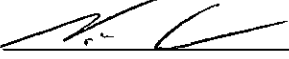


		Renewal Rates / Alternate 8		
Health Plan		Essential PPO		
Deductible (Single/Family)				
	Network	\$1,000/\$2,000		
	Non-Network	\$2,000/\$4,000		
Coinsurance				
	Network	80%		
	Non-Network	60%		
Maximum Out-of-Pocket (Single/Family)				
	Excludes Medical Copayments	No		
	Excludes Pharmacy Copayments	Yes		
	Network	\$4,000/\$8,000		
	Non-Network	\$6,000/\$12,000		
Copayments		Primary	Specialty	
	Network Office Visit	\$25	\$25	then ded/coins
	Non-Network Office Visit	\$50	\$50	then ded/coins
	Amwell/Convenient Care	\$0		then ded/coins
	Urgent Care	\$100		then ded/coins
	Emergency Room	\$200		then ded/coins
	High Tech Imaging Copay	\$0/\$0		then ded/coins
Maximum Out-of-Pocket Medical Copay		\$0/\$0		
Pharmacy				
	Drug Plan	\$0/10/30/60 VCDP		
Maximum Out-of-Pocket Pharmacy Copay		\$2,000/\$4,000		
	Includes Erectile Dysfunction Benefits	No		
	Specialty Pharmacy Coinsurance	No		
Optional Benefits				
	Vision Benefit	No Vision Coverage		
	Extraction/Replacement of Teeth	Extr/Repl Teeth (\$1500 Limit)		
	Waiver of Premium	Yes		
	Enhanced DME	Yes		
Premium Rates		Current Subscribers		
	Single	1	\$550.90	
	Family	3	\$1,234.92	
	Single Medicare	-	\$453.38	
	Family Medicare	-	\$906.76	
	Single Medicare w/o Drug	-	\$127.28	
	Family Medicare w/o Drug	-	\$254.56	
	Special Medicare (1 over/1 under) both Rx	-	\$1,004.28	
	Special Medicare (1 over/1 under) one Rx	-	\$901.58	
Monthly Contribution		4	\$4,255.66	

7.0%

The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not an insurance contract. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.


Signature

11/20/17
Date

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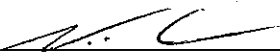
		Renewal Rates / Alternate 8	
Health Plan		Essential PPO	
Deductible (Single/Family)			
	Network	\$1,000/\$2,000	
	Non-Network	\$2,000/\$4,000	
Coinsurance			
	Network	100%	
	Non-Network	80%	
Maximum Out-of-Pocket (Single/Family)			
	Excludes Medical Copayments	No	
	Excludes Pharmacy Copayments	Yes	
	Network	\$2,000/\$4,000	
	Non-Network	\$4,000/\$8,000	
Copayments		Primary	Specialty
	Network Office Visit	\$25	\$25 then ded/coins
	Non-Network Office Visit	\$50	\$50 then ded/coins
	Amwell/Convenient Care	\$0	then ded/coins
	Urgent Care	\$100	then ded/coins
	Emergency Room	\$200	then ded/coins
	High Tech Imaging Copay	\$0/\$0	then ded/coins
Maximum Out-of-Pocket Medical Copay		\$0/\$0	
Pharmacy			
	Drug Plan	\$0/10/30/60 VCDP	
Maximum Out-of-Pocket Pharmacy Copay		\$2,000/\$4,000	
	Includes Erectile Dysfunction Benefits	No	
	Specialty Pharmacy Coinsurance	No	
Optional Benefits			
	Vision Benefit	No Vision Coverage	
	Extraction/Replacement of Teeth	Extr/Repl Teeth (\$1500 Limit)	
	Waiver of Premium	Yes	
Premium Rates		Current Subscribers	
	Single	22	\$581.80
	Family	121	\$1,321.42
	Single Medicare	-	\$453.80
	Family Medicare	-	\$907.60
	Single Medicare w/o Drug	7	\$124.42
	Family Medicare w/o Drug	1	\$248.84
	Special Medicare (1 over/1 under) one Rx	-	\$931.66
Monthly Premium		151	\$173,811.20

7.0%



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