

OSCEOLA SCHOOL DISTRICT

Health Plan 2017-18 Plan Selection Form

Effective Date of Change: 7-1-17

Option A: \$1300/\$2600 -55%

HRA-HSAPlan

In Network Plan Benefits

Preventive Care	100% Coverage
Deductible	\$1,300 Single \$2,600 Family
Emp 45% Co-Ins OPM - Include Deduct.	\$2,515 Single \$5,030 Family
District HRA Contribution Co-Insurance @ 55%	\$1,485 Single \$2,970 Family
Plan Out of Pocket Max	\$2,515 Single \$5,030 Family
District HSA Contribution	\$0 Single \$0 Family
District HRA Contribution Co-Insurance 100%	\$2,500 Single \$5,000 Family

Option C: \$3,500/\$7,000-100%

HRA-HSAPlan

In Network Plan Benefits

Preventive Care	100% Coverage
Deductible	\$3,500 Single \$7,000 Family
Less HSAContrb. OPM - Include Deduct.	\$3,050 Single \$6,100 Family
District HRA Contribution Co-Insurance @ 0%	\$0.00 Single \$0.00 Family
Plan Out of Pocket Max Includes HSAContrb.	\$3,050 Single \$6,100 Family
District HSA Contribution	\$450.00 Single \$900.00 Family
District HRA Contribution Co-Insurance 100%	\$3,000 Single \$6,000 Family

* June 2016 update plan design - Dpt Health & Human Services ruled under Family plan design,
Individual OPM is capped @ \$6,850 per plan year.

OPM-Out of Pocket Max

Monthly Rate

Premiums	District Paid 85%	Employee Share 15%
Single	\$464.50	\$81.97
Family	\$1,055.48	\$186.26

Annual Rate

Premiums	District Paid 85%	Employee Share 15%
Single	\$5,574.00	\$983.64
Family	\$12,665.76	\$2,235.12

Monthly Rate

Premiums	District Paid 95%	Employee Share 5%
Single	\$519.15	\$27.32
Family	\$1,179.65	\$62.09

Annual Rate

Premiums	District Paid 95%	Employee Share 5%
Single	\$6,229.80	\$327.84
Family	\$14,155.80	\$745.08

Please check the benefit plan selection and coverage level (single/Family) :

Plan A: _____
Single : _____ Family: _____

Plan C: _____
Single : _____ Family: _____

Return to: District Office Payroll Department -Attn: Sharon Weise

Over > Please sign and date back of form.

Option D: \$6,500/\$13,000-100%

HRA-HSAPlan

In Network Plan Benefits

Preventive Care	100% Coverage
Deductible	\$6,500 Single \$13,000 Family
OOP - Include Deduct.	\$6,500 Single \$13,000 Family
District HRA Contribution Co-Insurance @ 0%	\$0.00 Single \$0.00 Family
Plan Out of Pocket Max	\$6,500 Single \$13,000 Family
District HSA Contribution	\$0 Single \$0 Family
District HRA Contribution Co-Insurance 100%	\$0.00 Single \$0.00 Family

* June 2016 update plan design - Dpt Health & Human Services ruled under Family plan design, Individual OPM is capped @ \$6,850 per plan year.

Monthly Rate

Premiums	District Paid 81%	Employee Share 19%
Single	\$442.64	\$103.83
Family	\$1,005.80	\$235.94

Annual Rate

Premiums	District Paid 81%	Employee Share 19%
Single	\$5,311.68	\$1,245.96
Family	\$12,069.60	\$2,831.28

Plan D: _____
 Single : _____ Family: _____

Note: I understand and agree that I will not be able to change my benefit plan selection noted above until next year's renewal unless a qualified special enrollment has occurred.

Printed Employee Name: _____

Employee Signature: _____

Date: _____

Site:

Employer received date & By : _____