

**Stratford School District**  
**Health Insurance Election Form**  
**Effective Date: 07-01-2017**

**Waive Coverage**   
*(Please sign and date below)*

Plan	Security Health Plan \$2,000 / \$4,000 Ascension/Marshfield Narrow Network		Security Health Plan \$2,000 / \$4,000 HMO - Central		Security Health Plan \$2,000 / \$4,000 POS - Central	
<b>Premium Contribution</b>	<b>Deduction Per 20 Paychecks</b>		<b>Deduction Per 20 Paychecks</b>		<b>Deduction Per 20 Paychecks</b>	
Single						
Family						
<b>Plan Specifics</b>						
<b>Monthly Premium</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
	\$745.87	\$1,693.12	\$830.80	\$1,885.92	\$866.19	\$1,966.25
<b>Deductible</b>	<b>Single</b>	<b>Family</b>				
In-Network	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-Network	N/A	N/A	N/A	N/A	\$4,000	\$8,000
<b>HRA Contribution</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
District HRA						
<b>Coinsurance</b>						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
<b>Out-of-Pocket Maximum</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
In-Network	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Out-of-Network	N/A	N/A	N/A	N/A	\$6,000	\$12,000
<b>Office Visits</b>						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
<b>Routine/Preventive Care</b>						
In-Network	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
Out-of-Network	N/A		N/A		80% after Deductible	
<b>Urgent Care</b>						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
<b>Emergency Room</b>						
	\$100 Copay, 100% after Deductible		\$100 Copay, 100% after Deductible		\$100 Copay, 100% after Deductible	
<b>Hospital Services</b>						
In-Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out-of-Network	N/A		N/A		80% after Deductible	
<b>Prescription (Rx) Drugs</b>						
	Tier I / Tier II / Tier III \$10/ \$30/ \$60/ \$250		Tier I / Tier II / Tier III \$10/ \$30/ \$60/ \$250		Tier I / Tier II / Tier III \$10/ \$30/ \$60/ \$250	
<b>Election</b>						
	Security Health Plan HPPN Narrow Network		Security Health Plan HMO		Security Health Plan POS	
My Election (Check Box)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Print Employee Name						
Employee Signature						Date

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.