



Valders School District

HEALTH COVERAGE RENEWAL 2018

Carrier	 Current / Renewal		 Current / Renewal			
	UHC Choice +		UHC Choice + HSA			
Provider Network/Plan Type						
Deductible	<i>Embedded</i>		<i>Embedded</i>			
<i>Embedded or Non-Embedded</i>						
In-Network (Single / Family)	\$500 / \$1,000		\$1,500 / \$3,000			
Out-of-Network (Single / Family)	\$1,000 / \$2,000		\$3,000 / \$6,000			
Coinsurance						
In-Network	100%		100%			
Out-of-Network	80%		80%			
Out-of-Pocket Max	<i>Includes Deductible</i>		<i>Includes Deductible</i>			
In-Network (Single / Family)	\$500 / \$1,000		\$1,500 / \$3,000			
Out-of-Network (Single / Family)	\$2,000 / \$4,000		\$6,000 / \$12,000			
Lifetime Maximum	Unlimited		Unlimited			
Office Visits						
In-Network	\$10 Copay, Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	\$25 Copay, Ded, 80% Coins		Ded, 80% Coins			
Specialist						
In-Network	\$10 Copay, Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	\$25 Copay, Ded, 80% Coins		Ded, 80% Coins			
Routine/Preventive Care						
In-Network	100% Coverage		100% Coverage			
Out-of-Network	Ded, 80% Coins		Ded, 80% Coins			
Inpatient Hospital Services						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	Ded, 80% Coins		Ded, 80% Coins			
Outpatient Hospital Services						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	Ded, 80% Coins		Ded, 80% Coins			
Urgent Care						
In-Network	\$25 Copay, Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	\$25 Copay, Ded, 100% Coins		Ded, 100% Coins			
Emergency Room						
In-Network	\$150 Copay, Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	\$150 Copay, Ded, 100% Coins		Ded, 100% Coins			
Dental Extraction and Replacement	Current	Renewal	Current	Renewal		
In-Network	Ded, 100% Coins	Limited to \$1,500 per	Ded, 100% Coins	Limited to \$1,500 per		
Out-of-Network	Ded, 80% Coins	benefit period	Ded, 80% Coins	benefit period		
Prescription Drugs - In-Network	\$3,000 / \$6,000 Rx MOOP					
Tier 1 / Tier 2 / Tier 3	\$0 / \$10 / \$25 / \$50		Ded, 100% Coins			
Mail Order Prescription Drugs	\$3,000 / \$6,000 Rx MOOP					
Tier 1 / Tier 2 / Tier 3	\$0 / \$20 / \$50 / \$100		Ded, 100% Coins			
Rates	Plan 1	Plan 2	Current	Renewal	Current	Renewal
Employee	17	9	\$754.94	\$773.80	\$648.46	\$664.68
Family	63	27	\$1,709.50	\$1,752.24	\$1,479.84	\$1,516.84
Single - Medicare	6	0	\$177.36	\$181.80	\$173.12	\$177.45
1 Over / 1 Under age 65	2	0	\$1,404.25	\$1,439.36		
Monthly Totals			\$124,405.14	\$127,515.24	\$45,791.82	\$46,936.80
Annual Totals			\$1,492,861.68	\$1,530,182.88	\$549,501.84	\$563,241.60
Combined Plan Totals			\$2,042,363.52		\$2,093,424.48	
Annual % of Increase/Decrease			2.5%			
Annual Dollar Increase/Decrease			\$51,060.96			

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions.

There is no guarantee, expressed or implied by Associated Benefits and Risk Consulting or vendors of plan provisions or level of payments.