



Black Hawk School District
 Health Insurance Benefit Comparison
 Effective Date: 7/1/2019

Health Carrier	Quartz		Quartz		Quartz	
			CESA #3 Cooperative 9/1/19		CESA #3 Cooperative 9/1/19	
Insurance Type	POS1-1		HMO1-1 HRA		POS1-1 HRA	
Provider Network:	Quartz		Quartz		Quartz	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Out of Network	\$2,000	\$4,000	Does Not Apply		\$2,000	\$4,000
Co-Insurance	100% after Deductible		100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80/20 to Out of Pocket Max		Does Not Apply		80/20 to Out of Pocket Max	
Maximum Out-of-Pocket	Single	Family	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000
Out of Network	\$4,000	\$8,000	Does Not Apply		\$6,000	\$12,000
Office Visits	PCP	Specialist	PCP	Specialist	PCP	Specialist
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Diagnostic/Xray/Lab	Deductible Applies		Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Routine/Preventive Care	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
In Network	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Urgent Care	Deductible Applies		\$25 Copay		\$25 Copay	
In Network	Deductible Applies		\$25 Copay		\$25 Copay	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Emergency Room	Deductible Applies		\$100 Copay		\$100 Copay	
Hospital Services	Deductible Applies		Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Prescription Drugs	\$5/\$10/\$35/\$60/ \$200 Spec Rx \$2,350/\$4,700 Rx MOOP		\$5 / \$20 / \$40 \$2,000/\$4,000 Rx MOOP		\$5 / \$20 / \$40 \$2,000/\$4,000 Rx MOOP	
Rates	Current	2019 Renewal	2019	2020 Rate Cap 6%	2019	2020 Rate Cap 6%
Employee	7	\$678.38	\$711.70	\$573.42	\$607.83	\$616.43
Family	37	\$1,536.87	\$1,612.36	\$1,519.56	\$1,610.73	\$1,633.54
		4.91%	-6.81%	6.00%	0.18%	6.00%
Monthly Totals	\$61,612.85	\$64,639.22	\$60,237.66	\$63,851.92	\$64,755.99	\$68,641.35
Annual Totals	\$739,354.20	\$775,670.64	\$722,851.92	\$766,223.04	\$777,071.88	\$823,696.19

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.



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			CESA #3 Cooperative 9/1/19		CESA #3 Cooperative 9/1/19	
Insurance Type	POS1-1		HMO 2-1 HSA		POS2-1 HSA	
Provider Network:	Quartz		Quartz		Quartz	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Out of Network	\$2,000	\$4,000	Does Not Apply		\$2,000	\$4,000
Co-Insurance	100% after Deductible		100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible		100% after Deductible	
Out of Network	80/20 to Out of Pocket Max		Does Not Apply		80/20 to Out of Pocket Max	
Maximum Out-of-Pocket	Single	Family	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Out of Network	\$4,000	\$8,000	Does Not Apply		\$6,000	\$12,000
Office Visits	PCP	Specialist	PCP	Specialist	PCP	Specialist
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Diagnostic/Xray/Lab	Deductible Applies		Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Routine/Preventive Care	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
In Network	Select Services Covered in Full		Select Services Covered in Full		Select Services Covered in Full	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Urgent Care	Deductible Applies		Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Emergency Room	Deductible Applies		Deductible Applies		Deductible Applies	
Hospital Services	Deductible Applies		Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		No Coverage		Deductible & Coinsurance	
Prescription Drugs	\$5/\$10/\$35/\$60/ \$200 Spec Rx \$2,350/\$4,700 Rx MOOP		Deductible Applies		Deductible Applies	
Rates	Current	2019 Renewal	2019	2020 Rate Cap 6%	2019	2020 Rate Cap 6%
Employee	7	\$678.38	\$711.70	\$567.22	\$601.25	\$609.77
Family	37	\$1,536.87	\$1,612.36	\$1,503.13	\$1,593.32	\$1,615.89
		4.91%	-7.82%	6.00%	-0.90%	6.00%
Monthly Totals		\$61,612.85	\$64,639.22	\$59,586.35	\$63,161.53	\$64,056.32
Annual Totals		\$739,354.20	\$775,670.64	\$715,036.20	\$757,938.37	\$768,675.84
						\$814,796.39

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