

**Rosholt School District 2020-2021 School Year Health Insurance Election  
Security Health Plan**

**1 Check only one (1) option, either Accept or Waive Coverage**

Accept Coverage

If you choose to accept coverage, go to step 2

Waive Coverage

If you choose to waive coverage, go to step 4

**2 Circle only one (1) option, either Single or Family under HMO or POS at the deductible level you choose**

| <b>Deductible Single/Family</b>  | <b>HMO Bi-Monthly Premium based on 24 pays</b> | <b>POS Bi-Monthly Premium based on 24 pays</b> |   |
|--|--|--|---|
| \$1,500/\$3,000 Max Out of Pocket for <b>In-Network</b><br>\$2,500/\$5,000 | \$ 85.34 Single<br>\$ 194.43 Family            | \$ 96.98 Single<br>\$ 220.97 Family            | POS Max Out of Pocket for <b>Out of Network</b><br>\$6,000/\$12,000 |
| \$2,000/\$4,000 Max Out of Pocket for <b>In-Network</b><br>\$2,500/\$5,000 | \$ 66.88 Single<br>\$ 152.38 Family            | \$ 78.02 Single<br>\$ 177.77 Family            | POS Max Out of Pocket for <b>Out of Network</b><br>\$5,500/\$11,000 |
| \$2,800/\$5,600 Max Out of Pocket for <b>In-Network</b><br>\$3,300/\$6,600 | \$ 48.85 Single<br>\$ 111.30 Family            | \$ 59.53 Single<br>\$ 135.64 Family            | POS Max Out of Pocket for <b>Out of Network</b><br>\$6,600/\$13,200 |
| \$3,000/\$6,000 Max Out of Pocket for <b>In-Network</b><br>\$3,500/\$7,000 | \$ 42.89 Single<br>\$ 97.73 Family             | \$ 54.95 Single<br>\$ 125.21 Family            | POS Max Out of Pocket for <b>Out of Network</b><br>\$7,000/\$14,000 |
| \$4,000/\$8000 Max Out of Pocket for <b>In-Network</b><br>\$5,000/\$10,000 | \$ 18.53 Single<br>\$ 42.23 Family             | \$ 49.56 Single<br>\$ 112.91 Family            | POS Max Out of Pocket for <b>Out of Network</b><br>\$9,000/\$18,000 |

**3 Circle your region choice - Only Choose One (1)**

Premier (Formerly Central Region) Region includes Aspirus, Ascension, Marshfield, UW Health in Madison and Mayo

Affirm (Formerly Valley Region) Region includes Theda and Bellin

**4** \_\_\_\_\_  
Print Name

**5** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to Jessie Firkus in the District office by Monday, June 8 at 3:00 pm**