

Lake Holcombe School

Health Insurance Benefits

Effective Date: 7/1/2021

Health Carrier		Security Health Plan	
		Northwest Area Local Governmental Units Health Ins. Purchasing	
Insurance Type		нмо	
		Traditional Copay Plan	
Provider Network:			
		HMO Premier	
Deductible		Single	Family
	In Network	\$2,000	\$4,000
	Out of Network	NA	NA
Co-Insurance			
	In Network	100% after Deductible	
	Out of Network	Not Applicable	
Maximum Out-of-Poo	cket	Single	Family
	In Network	\$3,000	\$6,000
		Includes Copays	
	Out of Network	NA	NA
Office Visits		РСР	Specialist
	In Network	\$25 Copay	\$50 Copay
	Out of Network	Not Cover	red
Routine/Preventive C	are		
	In Network	Select Services Covered In	Full
	Out of Network	Not Cover	red
Urgent Care			
	In Network	\$100 Copay	
	Out of Network	\$100 Cop	ay
Emergency Room			
		\$250 Copay, then 100% after Deductible	
High Tech Imaging		1000/ 5: 5 1 1/11	
	In Network	100% after Deductible	
	Out of Network	Not Cover	red
Hospital Services		1000/ 51 D 1 1/11	
	In Network	100% after Deductible	
Out of Network		Not Covered	
Prescription Drugs		Tier 1 / Tier 2 / Tier 3 / Specialty	
Vision Down Cl		Copays of \$10 / \$30 / \$60 /	\$25U
Vision Benefit		Covered as Proventive No Cost Sharing	
Exar	m Only, In Network	Covered as Preventive - No Cost Sharing	

Monthly Employee Rates	Tea/12 mth Support Staff	Sch Yr Support Staff
Single Plan	\$124.34	\$352.29
Family Plan	\$281.00	\$796.17
	Above rates will be prorated if employment is less than a 1 FTE.	
Full monthly premium as an FYI:	Single	Family
	\$1,036.14	\$2,341.68

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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