



INSURANCE

Health Carrier	Security Health Plan	
	Current Plan	
Insurance Type	HMO	
	HDHP Embedded - HSA	
Provider Network:	HMO Premier	
Deductible	Single	Family
In Network	\$3,000	\$6,000
Out of Network	NA	NA
Co-Insurance	100% after Deductible	
In Network	100% after Deductible	
Out of Network	Not Applicable	
Maximum Out-of-Pocket	Single	Family
In Network	\$4,000	\$8,000
	Includes RX Copay	
Out of Network	NA	NA
Office Visits	POP	Specialist
In Network	100% after Deductible	
Out of Network	Not Covered	
Routine/Preventive Care	Select Services Covered In Full	
In Network	Select Services Covered In Full	
Out of Network	Not Covered	
Urgent Care	100% after Deductible	
In Network	100% after Deductible	
Out of Network	100% after Deductible	
Emergency Room	100% after Deductible	
Hospital Services	100% after Deductible	
In Network	100% after Deductible	
Out of Network	Not Covered	
Prescription Drugs	Tier 1 / Tier 2 / Tier 3 / Spec. Deductible, \$10 / \$30 / \$60 / 25% Preventive - No Cost to Employee	
Vision Benefit	Exam Only, In Network	
	Preventive - No Cost Sharing	
Rate Guarantee - NTE	Not to Exceed 9% for 7/1/2023 and 9% for 7/1/2024	

Rates	Current	Renewal
Single	10   \$836.76	\$903.70
Family	50   \$1,891.08	\$2,042.36
		8.00%
Annual Δ% from Current		
Monthly Totals	\$102,922	\$111,155
Annual Totals	\$1,235,059	\$1,333,860
Annual Δ% from Current - All Plans		8.00%
Monthly Totals - Combined	\$110,819	\$119,684
Annual Totals - Combined	\$1,329,825	\$1,436,208
Annual Δ\$ from Current		\$106,382

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are permitted and approved by the Commissioner of Insurance will prevail. The master contract and policyholder will comply with state and/or federal requirements with regard to nervous and mental benefits.