

**Southern Door School District**  
**Prevea360 HMO/POS Medical Plan Offerings**  
**Monthly Insurance Premium Schedule**

HMO Copay \$2,000/\$4,000 with \$1,000/\$2,000 HRA (Base Plan)					
		Meeting Wellness Incentive		Not Meeting Wellness Incentive	
		Full-Time Employees		Full-Time Employees	
Coverage Level	Monthly Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$ 547.40	\$ 481.71	\$ 65.68	\$ 437.92	\$ 109.48
Limited Family	\$1,094.78	\$ 963.41	\$ 131.36	\$ 875.82	\$ 218.96
Family	\$1,368.48	\$ 1,204.26	\$ 164.22	\$ 1,094.78	\$ 273.70

**\$1,000/\$2,000 In-Network HRA after you meet the first \$1,000 Single/\$2000 Family In-Network Deductible.**

POS Copay \$2,000/\$4,000 with \$1,000/\$2,000 HRA (Buy-Up)					
		Meeting Wellness Incentive		Not Meeting Wellness Incentive	
		Full-Time Employees		Full-Time Employees	
Coverage Level	Monthly Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$ 698.23	\$ 566.71	\$ 131.52	\$ 510.85	\$ 187.38
Limited Family	\$1,396.42	\$ 1,133.40	\$ 263.02	\$ 1,021.69	\$ 374.73
Family	\$1,745.53	\$ 1,416.77	\$ 328.76	\$ 1,277.13	\$ 468.40

**\$1,000/\$2,000 HRA after you meet the first \$1,000 single/\$2,000 Family In-Network or Out-of-Network Deductible.**

POS HDHP \$2,000/\$4,000 with \$500/\$750/\$1,000 HSA (Buy-Up)					
		Meeting Wellness Incentive		Not Meeting Wellness Incentive	
		Full-Time Employees		Full-Time Employees	
Coverage Level	Monthly Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$ 658.72	\$ 566.71	\$ 92.00	\$ 514.01	\$ 144.71
Limited Family	\$1,317.39	\$ 1,133.40	\$ 183.98	\$ 1,028.01	\$ 289.38
Family	\$1,646.75	\$ 1,416.77	\$ 229.98	\$ 1,285.03	\$ 361.72

**District HSA of \$500 Single, \$750 Limited Family, \$1,000 Family.**  
**Contributions will be provided with equal distributions on the last payroll in September and January.**  
**Employee must be actively employed and working on the date of distributions to be eligible.**

HMO HDHP \$2,000/\$4,000 with \$500/\$750/\$1,000 HSA (Buy-Down)					
		Meeting Wellness Incentive		Not Meeting Wellness Incentive	
		Full-Time Employees		Full-Time Employees	
Coverage Level	Monthly Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$ 516.41	\$ 481.71	\$ 34.70	\$ 437.92	\$ 78.49
Limited Family	\$1,032.81	\$ 963.41	\$ 69.40	\$ 875.82	\$ 156.99
Family	\$1,291.02	\$ 1,204.26	\$ 86.76	\$ 1,094.78	\$ 196.24

**District HSA of \$500 Single, \$750 Limited Family, \$1,000 Family.**  
**Contributions will be provided with equal distributions on the last payroll in September and January.**  
**Employee must be actively employed and working on the date of distributions to be eligible.**

HMO HDHP \$3,000/\$6,000 with \$500/\$750/\$1,000 HAS (Buy-Down)					
		Meeting Wellness Incentive		Not Meeting Wellness Incentive	
		Full-Time Employees		Full-Time Employees	
Coverage Level	Monthly Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$ 472.40	\$ 472.40	\$ 0.00	\$ 437.92	\$ 34.48
Limited Family	\$ 944.79	\$ 944.79	\$ 0.00	\$ 875.82	\$ 68.97
Family	\$1,180.99	\$ 1,180.99	\$ 0.00	\$ 1,094.78	\$ 86.21

**District HSA of \$500 Single, \$750 Limited Family, \$1,000 Family.**  
**Contributions will be provided with equal distributions on the last payroll in September and January.**  
**Employee must be actively employed and working on the date of distributions to be eligible.**

**Notes**

The rates above are based on District contribution for Full-Time Employees. Pro-rated premiums based on FTE are available by contacting the Human Resources Office.

Wellness incentive consists of employee completing Personal Health Assessment (PHA). The PHA includes a biometrics screening and on-line health risk assessment. For purposes of budgeting, any applicable adjustments would take place January 1 through August each year.

A tobacco differential surcharge of five percent (5%) employee contribution for employee will be implemented. For purposes of budgeting and reasonable alternative standards, the premium contribution surcharge would take place January 1 through August each year.

*If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. Southern Door County School District and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between Southern Door County School District and any individual, or an obligation by Southern Door County School District to maintain any particular benefit program, practice or policy or make any benefit payment.*