Valders Area School District

HEALTH COVERAGE 2022

Carrier	
Provider Network/Plan Type	Focused Network
Deductible	
Embedded or Non-Embedded	Non-Embedded
In-Network (Single / Family)	\$2,500 / \$5,000
Out-of-Network (Single / Family)	\$7,500 / \$15,000
Coinsurance	
In-Network	90%
Out-of-Network	50%
Out-of-Pocket Max	Includes Deductible
In-Network (Single / Family)	\$5,000 / \$10,000
Out-of-Network (Single / Family)	\$15,000 / \$30,000
Lifetime Maximum	Unlimited
Office Visits	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 50% Coins
Specialist	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 50% Coins
Routine/Preventive Care	
In-Network	100% Coverage
Out-of-Network	Ded, 50% Coins
Inpatient Hospital Services	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 50% Coins
Outpatient Hospital Services	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 50% Coins
Urgent Care	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 90% Coins
Emergency Room	
In-Network	Ded, 90% Coins
Out-of-Network	Ded, 90% Coins
Prescription Drugs - In-Network	
Tier 1 / Tier 2 / Tier 3	Ded, 90% Coins
Mail Order Prescription Drugs	
Tier 1 / Tier 2 / Tier 3	Ded, 90% Coins
Monthly Premium Rates	
Employee	\$774.22
Family	\$1,753.18
Monthly Emp. Contrib. Rates (12.6%)	
Employee	\$97.55
Family	\$220.90
NOTE: Company logos are for information purposes only. Age	

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company. *Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the* This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Benefits and Risk Consulting or vendors of plan provisions or level of payments.