

2018-2019 Insurance Options

	OPTION 1 HMO HDHP Plan	Option 2 POS HDHP Plan
Benefits		
Deductible (Single/Family)	\$1,350/\$2,700	In Network \$1,350/\$2,700 Out of Network \$2,700/\$5,400
Coinsurance	80%	In Network 80% Out of Network 60%
Coinsurance Limit (Single/Family)	\$5,000/\$10,000	In Network \$5,000/\$10,000 Out of Network \$5,000/\$10,000
Maximum Out-of-Pocket (Single/Family)	\$2,350/\$4,700	In Network \$2,350/\$4,700 Out of Network \$4,700/\$9,400
Emergency Room Copayment	Subject to deductible/coinsurance	In Network Ded/Coins Out of Network Ded/Coins
Office Visit Copayment	Subject to deductible/coinsurance	IN Network Ded/Coins Out of Network Ded/coins
Specialist Office Visit Copayment	Subject to deductible/coinsurance	In Network Ded/Coins Out of Network Ded/Coins
Preventive Benefit	Paid at 100%	In Network Paid at 100% Out of Network Ded/Coins
Laboratory/Radiology Benefit	Subject to Deductible/coinsurance	Subject to Deductible/coinsurance
Pharmacy Benefit	Integrated drug coverage	Integrated drug coverage
Mail Order	x1 Copay(s)	X1 Copay(s)
Contract Counts / Monthly Premium Rates		
	2018-2019 Security Monthly Rate	Monthly Employee Contribution 12.00% 16.00%
HMO Single	\$926.90	\$111.23 \$148.30
BASE Family	\$1,852.87	\$222.34 \$296.46
POS Single	\$967.02	\$151.35 \$188.42
POS Family	\$1,933.07	\$302.54 \$376.66
Rates Effective 7-1-2018 to 6-30-2019		