



**USD #234 Overview of Health Insurance Options
Effective: January 1, 2019**

2019 Plan Design Options

	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D - H.S.A</u>
	BCBS	BCBS	BCBS	BCBS
	In-network	In-network	In-network	In-network
Deductible				
Single / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Coinsurance	80%	80%	80%	100%
Deductible & Coinsurance Max				
Single / Family	\$3,500 / \$7,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$3,000 / \$6,000
Max Out of Pocket				
Single / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Hospitalization	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 0%
Physician Office Visit	\$35 Copay	\$35 Copay	\$35 Copay	Deductible + 0%
Specialist Office Visit	\$35 Copay	\$35 Copay	\$35 Copay	Deductible + 0%
Emergency Room	\$100 then Ded + 20%	\$100 then Ded + 20%	\$100 then Ded + 20%	Deductible + 0%
Urgent Care	\$35 or \$100 then Ded + 20%	\$35 or \$100 then Ded + 20%	\$35 or \$100 then Ded + 20%	Deductible + 0%
Preventative Care	100%	100%	100%	100%
Prescription Drugs	\$15 / \$50 / \$75	\$15 / \$50 / \$75	\$15 / \$50 / \$75	Ded then \$15 / \$50 / \$75
Accident Benefit	1st \$1,000 paid 100%	1st \$1,000 paid 100%	1st \$1,000 paid 100%	Deductible + 0%

Teladoc

All members enrolled in the health plan for 2019 will have 24/7 access to a doctor wherever you are in the country by phone for consultation. Teladoc can call in a prescription for most common medications without a trip to the doctors office, saving members time and money.

2019 Health Insurance Rate Tiers				
	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D - H.S.A.</u>
Single Coverage	\$502.19	\$489.34	\$468.18	\$456.96
BOE CONTRIBUTION	\$456.96	\$456.96	\$456.96	\$456.96
Employee Cost (Before pre-tax)	\$45.23	\$32.38	\$11.22	\$0.00
Employee/Spouse	\$1,079.69	\$1,049.94	\$1,011.69	\$982.46
BOE CONTRIBUTION	\$456.96	\$456.96	\$456.96	\$456.96
Employee Cost (Before pre-tax)	\$622.73	\$592.98	\$554.73	\$525.50
Employee/Child(ren)	\$1,054.59	\$1,024.84	\$986.59	\$959.62
BOE CONTRIBUTION	\$456.96	\$456.96	\$456.96	\$456.96
Employee Cost (Before pre-tax)	\$597.63	\$567.88	\$529.63	\$502.66
Family Coverage	\$1,355.82	\$1,321.81	\$1,270.81	\$1,238.23
BOE CONTRIBUTION	\$456.96	\$456.96	\$456.96	\$456.96
Employee Cost (Before pre-tax)	\$898.86	\$864.85	\$813.85	\$781.27

This guide is for illustration purposes and is only a summary of the benefits provided. Please consult each plan's written material for a full description of benefits and limitations.