

The table below is a **SUMMARY** of the important parts of each of the four choices you as an employee have in selecting your health insurance plan for **2013-14**. This is **ONLY** a summary. Please review the handouts provided for more details so you can make an informed decision. Election **MUST** be made by **June 1, 2013**.

	HMO	POS
\$500/\$1000	\$20 office visit co-pay (waived for dependents through age 17)	In-Network providers = same as HMO \$500 deductible plan
	\$10/\$20/50% 3-tier drug copay/coinsurance	Out-of-Network = 10% coinsurance after deductible
	\$20 urgent care copay (waived for dependents through age 17) / \$125 ER copay and/or 0% coinsurance after deductible	50% coinsurance for tiers 1-2 of prescription meds out of network
	Copay/coinsurance continues after deductible met	Copays/coinsurance continues after deductible met
	Out of pocket maximums (deductible + coinsurance) = \$500/\$1000 + all copays	Out of pocket maximums (deductible + coinsurance) = \$3000/\$6000 + all copays
	Employee max cost for premium & deductible = \$1434.80 (single) and \$3430.60 (family)	Employee max cost for premium & deductible = \$1746.20 (single) and \$4240.24 (family)
\$1500/\$3000 HDHP	All costs, incl prescription drugs, applied to deductible and patient responsibility up to meeting deductible	In-Network providers = same as HMO HDHP plan
	NO copays/coinsurance once deductible is met	Out-of-Network = 20% coinsurance after deductible, except urgent/ER care which are same as in-network benefit
		Separate deductible pots for in-network and out-of-network to meet.
	Out of pocket maximums (deductible + coinsurance) = \$1500/\$3000.	Out of pocket maximums (deductible + coinsurance) = \$1500/\$3000 in-net + \$2500/\$5000 out-of-net
	District contribution to HSA of \$865-\$1500 (single) and \$1730-\$3000 (family)	District contribution to HSA of \$865-\$1500 (single) and \$1730-\$3000 (family)
	Employee net max cost for premium & deductible = \$858.84-\$1493.84 (single) and \$2232.84-\$3502.84 (family)	Employee net max cost for premium & deductible = \$1194.24-\$1829.24 (single) and \$3104.88-4374.88 (family)