

# Health Insurance

4.1.11

# Health Insurance Renewal

- If the renewal were to occur today we would look at a 20% increase.
- The good news is , we are in the healthiest months and trend suggests the renewal will end up around a 12% increase. (This however is an estimate)

	Current Rates				
	Deduct	Cost		District	Employee
	500				
Single		\$ 507.34		\$ 500.00	\$ 7.34
2 Party		\$ 1,130.56		\$ 500.00	\$ 630.56
Employee +children		\$ 1,130.56		\$ 500.00	\$ 630.56
Family		\$ 1,244.73		\$ 500.00	\$ 744.73
	1000				
Single		\$ 476.83		\$ 476.83	\$ -
2 Party		\$ 1,062.65		\$ 545.00	\$ 517.65
Employee +children		\$ 1,062.65		\$ 545.00	\$ 517.65
Family		\$ 1,169.96		\$ 545.00	\$ 624.96
	2000				
Single		\$ 435.89		\$ 435.89	\$ -
Family		\$ 985.44		\$ 620.00	\$ 365.44

20% increase	Deduct	Cost	District	Employee
	500			
Single		\$ 608.81	\$ 500.00	\$ 108.81
2 Party		\$ 1,356.67	\$ 500.00	\$ 856.67
Employee +children		\$ 1,356.67	\$ 500.00	\$ 856.67
Family		\$ 1,493.68	\$ 500.00	\$ 993.68
	1000			
Single		\$ 572.20	\$ 545.00	\$ 27.20
2 Party		\$ 1,275.18	\$ 545.00	\$ 730.18
Employee +children		\$ 1,275.18	\$ 545.00	\$ 730.18
Family		\$ 1,403.95	\$ 545.00	\$ 858.95
	2000			
Single		\$ 523.07	\$ 523.07	\$ 0
Family		\$ 1,182.53	\$ 620.00	\$ 562.53

12% increase	Deduct	Cost	District	Employee
	500			
Single		\$ 568.22	\$ 500.00	\$ 68.22
2 Party		\$ 1,266.23	\$ 500.00	\$ 766.23
Employee +children		\$ 1,266.23	\$ 500.00	\$ 766.23
Family		\$ 1,394.10	\$ 500.00	\$ 894.10
		\$ -		
	1000	\$ -		
Single		\$ 534.05	\$545.00	\$ 0
2 Party		\$ 1,190.17	\$ 545.00	\$ 645.17
Employee +children		\$ 1,190.17	\$ 545.00	\$ 645.17
Family		\$ 1,310.36	\$ 545.00	\$ 765.36
		\$ -		
	2000	\$ -		
Single		\$ 488.20	\$ 488.20	\$ 0
Family		\$ 1,103.69	\$ 620.00	\$ 483.69

**PARKSTON SCHOOL DISTRICT 33-3  
99069A SCHEDULE OF  
BENEFITS**

MEDICAL BENEFITS	PATIENT'S LIABILITY			PAGE
	PLAN B	PLAN C	PLAN D	
Medical Deductible: (per calendar year) - Per Individual - Per Family	\$500 \$1,000	\$1,000 \$2,000	\$2,000 \$4,000	28
Out-of-pocket: (per calendar year) - Per Individual - Per Family	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000	29
<b>Coinsurance Percentage:</b>	80% of \$5,000 per individual, \$10,000 per family, of eligible expenses			
<b>Prescription Drugs</b> - Generic - Preferred Brand - Non-Preferred Brand	NA	NA	\$10.00 Co-pay \$25.00 Co-pay \$40.00 Co-pay	
<b>Doctors Office Visit</b> - Office visit only	NA	NA	\$25.00 Co-pay	
<b>Preferred Provider Network:</b>	Various discounts can be applied to eligible claims submitted by participating providers. Please refer to the Plan Specifications Page for contact information.			
<b>Pre-Notification:</b>	The Pre-Notification Program includes Preadmission Certification, Pregnancy Review and Continued Stay Review. Please refer to the Plan Specifications Page for contact information.			
<b>Pregnancy</b>	Failure to enroll and comply with the Pre-Notification Company's recommendations in the "Our Healthy Baby Program: will result in a 50% penalty (no maximum amount) to all related charges from birth to discharge, for the eligible dependent newborn child. The 50% penalty will not apply to deductible or coinsurance.			
<b>Review:</b>	Failure to comply with the Pre-Notification Program may result in a reduction of 20% applied toward outpatient surgery, non-emergency (elective) procedures, and hospital confinement, including hospital, doctor and diagnostic x-ray and lab expenses.			
<b>Penalty for Non-Compliance</b>				
<b>All benefits are subject to the following deductibles, coinsurance and maximums unless otherwise stated.</b>				

MEDICAL BENEFITS	PLAN A PAYS	YOU PAY	GENERAL PLAN LIMITS	PAGE
Allergy Testing and Injections	80%	20%		-
Ambulance Service	80%	20%	Professional services for local air or ground.	26

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Out-of-pocket: (per calendar year) - Per Individual - Per Family	\$3,000 \$6,000	\$3,500 \$7,000	\$4,500 \$9,000	20
<b>Coinsurance Percentage:</b>	80% of %10,000 per individual, \$20,000 per family, of eligible expenses			20
<b>Prescription Drugs</b> - Generic - Preferred Brand - Non-Preferred Brand	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	18
<b>Doctors Office Visit</b> - Office visit only	\$25.00 Co-pay	\$25.00 Co-pay	\$25.00 Co-pay	
<b>Preferred Provider Network:</b>	Various discounts can be applied to eligible claims submitted by participating providers. Please refer to the Plan Specifications Page for contact information.			
<b>Pre-Notification:</b>	<p>When the participant's doctor suggests that hospitalization is necessary, or for organ transplants, or for any procedure that will, or is expected to, total more than \$25,000.00 a pre-authorization and/or second opinion procedure may be required. The Plan covers physician consultation services when incurred as a result of voluntary second surgical opinions or other requirements for follow up care. The Plan Administrator may require second opinions for certain covered services (such as non-emergency surgical procedures) when there is cause to believe there is an effective and equivalent alternative to the original medical/surgical opinion. Non-emergency surgical procedures include, but are not limited to, sinus surgery, or anterior/lateral disc fusion. Second opinions are also required for surgical procedures that must be redone because the patient did not follow physician instructions. The procedure below will need to be followed.</p> <p>If pre-authorization review and/or the second opinion process indicate that a medically necessary procedure can be beneficially performed at a facility that has contracted with the Plan Administrator, payment will be limited to the contracted fee at that facility. If the Covered Person chooses another facility, he or she will be responsible for the cost over the contracted fee amount. These charges will not apply to the individual's annual medical out-of-pocket limit.</p>			17
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Out-of-pocket: (per calendar year) - Per Individual - Per Family	\$3,000 \$6,000	\$3,500 \$7,000	\$4,500 \$9,000	20
Coinsurance Percentage:	80% of %10,000 per individual, \$20,000 per family, of eligible expenses 6%			20
Prescription Drugs - Generic - Preferred Brand - Non-Preferred Brand	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay 5%	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	18
Doctors Office Visit - Office visit only	\$25.00 Co-pay 1%	\$25.00 Co-pay	\$25.00 Co-pay	
Preferred Provider Network:	Various discounts can be applied to eligible claims submitted by participating providers. Please refer to the Plan Specifications Page for contact information.			
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# Other Options

- Deductable – Rather than \$500 increase,
- change to \$250 increase – 3% decrease  
– \$750    -\$1250        \$2250
- Change Co –insurance from 80% of \$10,000 to 80% of \$7,500 – 3% decrease

# Copy of slides

- A copy of this presentation will be posted to the document section of my webpage. The link can be found on the school webpage under School Board Meeting Information.

# Next Step – A survey

- I would like to provide feedback to the school board. Please log on to the following survey tool and complete a short survey.
- <http://www.surveymonkey.com/s/QC8X3GQ>
- This link will be emailed and placed on the school home page. Deadline is Wednesday, April 6 by 10:00 AM