

**HARPER CREEK COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

COMPANY PLAN	MESSA ABC PLAN H S A				PRIORITY HEALTH H S A OPTION				PRIORITY HEALTH OPTIONAL PLAN TRADITIONAL TIERED PLAN				UNITED HEALTHCARE H S A OPTION				
	RATE	HARD CAP	STAFF COST		RATE	HARD CAP	STAFF COST	UNDER CAP	RATE	HARD CAP	STAFF COST		RATE	HARD CAP	STAFF COST		
	\$510.27	\$499.36	\$10.91		\$447.80	\$499.36	(\$51.56)	\$613.72	\$479.93	\$499.36	(\$19.43)		\$607.40	\$499.36	\$108.04		
SINGLE (29)	\$1,146.24	\$1,044.31	\$101.93		\$1,005.91	\$1,044.31	(\$38.40)	\$460.80	\$1,078.04	\$1,044.31	\$33.73		\$1,364.32	\$1,044.31	\$320.01		
TWO PERSON (32)	\$1,426.05	\$1,361.89	\$64.16		\$1,251.48	\$1,361.89	(\$110.41)	\$1,324.97	\$1,341.23	\$1,361.89	(\$20.66)		\$1,697.33	\$1,361.89	\$335.44		
FAMILY (107)																	
DISTRICT COST/MO.		\$204,069.86			RATES INCLUDE ALL ACA TAXES & FEES												RATES INCLUDE ALL ACA TAXES & FEES
DISTRICT COST/YR.		\$2,448,778.32			\$179,083.68												
BENEFITS																	
DEDUCTIBLE	\$1,300 SINGLE, \$2,600 FAMILY		\$1,300 SINGLE, \$2,600 FAMILY		\$1,300 SINGLE, \$2,600 FAMILY		\$1,300 SINGLE, \$2,600 FAMILY		\$1,000 SINGLE, \$2,000 FAMILY		\$1,000 SINGLE, \$2,000 FAMILY		\$1,500 SINGLE, \$3,000 FAMILY		\$1,500 SINGLE, \$3,000 FAMILY		
BENEFIT %	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
OUT OF POCKET	\$0		\$0		\$2,000 SINGLE, \$4,000 FAMILY		\$2,000 SINGLE, \$4,000 FAMILY		\$6,350 SINGLE, \$12,700 FAMILY		\$6,350 SINGLE, \$12,700 FAMILY		\$2,500 SINGLE, \$5,000 FAMILY		\$2,500 SINGLE, \$5,000 FAMILY		
MAXIMUM	100% NO DEDUCTIBLE OR CO-PAY		100% NO DEDUCTIBLE OR CO-PAY		INCLUDES DEDUCTIBLE & ALL CO-PAYS		INCLUDES DEDUCTIBLE & ALL CO-PAYS		DEDUCTIBLES AND CO-PAYS ONLY		DEDUCTIBLES AND CO-PAYS ONLY		INCLUDES DEDUCTIBLE & ALL CO-PAYS		INCLUDES DEDUCTIBLE & ALL CO-PAYS		
WELLNESS	100% NO DEDUCTIBLE OR CO-PAY		100% NO DEDUCTIBLE OR CO-PAY		100% NO DEDUCTIBLE OR CO-PAYS		100% NO DEDUCTIBLE OR CO-PAYS		100% NO DEDUCTIBLE OR CO-PAYS		100% NO DEDUCTIBLE OR CO-PAYS		100% NO DEDUCTIBLE OR CO-PAY		100% NO DEDUCTIBLE OR CO-PAY		
OFFICE VISITS	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		\$20 PRIMARY, \$35 SPECIALISTS		\$20 PRIMARY, \$35 SPECIALISTS		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
URGENT CARE	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		\$75 CO-PAY		\$75 CO-PAY		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
EMERGENCY ROOM	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		\$150 CO-PAY WAIVED IF ADMITTED		\$150 CO-PAY WAIVED IF ADMITTED		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
HOSPITAL	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
LAB/X-RAY	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
REHAB SERVICES	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		\$20 CO-PAY		\$20 CO-PAY		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
PHYSICAL, OCC, ETC	60 COMBINED VISITS/YEAR		60 COMBINED VISITS/YEAR		50 COMBINED VISITS/YEAR		50 COMBINED VISITS/YEAR		50 COMBINED VISITS/YEAR		50 COMBINED VISITS/YEAR		20 VISITS EACH THERAPY TYPE		20 VISITS EACH THERAPY TYPE		
CHIROPRACTIC CARE	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		INCLUDED IN REHAB SERVICES		INCLUDED IN REHAB SERVICES		INCLUDED IN REHAB SERVICES		INCLUDED IN REHAB SERVICES		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
MENTAL HEALTH	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		\$20 CO-PAY OUT PATIENT		\$20 CO-PAY OUT PATIENT		100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE		
SUBSTANCE ABUSE	IN OR OUT PATIENT		IN OR OUT PATIENT		IN OR OUT PATIENT		IN OR OUT PATIENT		100% AFTER DEDUCTIBLE INPATIENT		100% AFTER DEDUCTIBLE INPATIENT		IN OR OUT PATIENT		IN OR OUT PATIENT		
PRESCRIPTIONS	ABC RX PLAN		ABC RX PLAN		DEDUCTIBLE THEN \$10/40		DEDUCTIBLE THEN \$10/40		\$10/\$40		\$10/\$40		DEDUCTIBLE THEN \$10/\$35/\$60		DEDUCTIBLE THEN \$10/\$35/\$60		