

2019-2020 Benefit Rate Sheet

MEDICAL PLANS – Offered through United Healthcare (UHC)

Board of Education approved 3/19/19

OPTION #1 HSA

	Monthly Premium		District Contribution	
	10 month	12 month	10 Month	12 Month
EMPLOYEE RATE	0.00	\$0.00	\$25.20	\$21.00
EMPLOYEE PLUS SPOUSE	\$585.60	\$488.00	\$25.20	\$21.00
EMPLOYEE PLUS CHILDREN	\$441.60	\$368.00	\$25.20	\$21.00
FAMILY	\$946.80	\$789.00	\$25.20	\$21.00
FAMILY TEAM (both spouses work at Troy)	---	\$310.00	---	\$42.00

	In-Network		Out-of-Network	
Deductible	\$4,000	(2x)	\$9,000	(2x)
Coinsurance	0% (employee responsibility)		30% (employee responsibility)	
Max. Out of Pocket (MOOP)	\$6,750	(2x)	\$12,500	(2x)
Virtual/Primary/Specialist	\$20/\$30/\$60 After Ded.		Ded+Colns	
Urgent Care	\$75 After Ded.		Ded+Colns	
ER	\$300 After Ded.		Ded+Colns	
Rx Pharmacy	\$20/\$45/\$80 After Ded.		Ded+Colns	

OPTION #2 FLEXPOINT PPO

	Monthly Premium	
	10 month	12 month
EMPLOYEE RATE	\$76.80	\$64.00
EMPLOYEE PLUS SPOUSE	\$752.40	\$627.00
EMPLOYEE PLUS CHILDREN	\$583.20	\$486.00
FAMILY	\$1258.80	\$1049.00
FAMILY TEAM (both spouses work at Troy)	---	\$549.00

	In-Network		Out-of-Network	
Deductible	\$2,000	(2x)	\$6,000	(2x)
Coinsurance	20% (employee responsibility)		50% (employee responsibility)	
Max. Out of Pocket (MOOP)	\$6,000	(2x)	\$10,000	(2x)
Virtual/Primary/Specialist	\$20/\$35/\$70	6 max*#	Ded+Colns	
Urgent Care	\$75	6 max #	Ded+Colns	
ER	Ded+Colns		Ded+Colns	
Rx Pharmacy	\$20/\$45/\$80/\$200#		Ded+Colns	

* Max is per person covered on health plan and does not include wellness/preventive care visits. Virtual care visits are not counted towards the 6 max.

\$200 individual deductible (\$400 family deductible) will apply to tiers 3&4, in addition to \$80 copay(tier3) and \$200 copay (tier 4)

Max count per covered person runs from January to December and starts January 1, 2019.

OPTION #3 PPO

	Monthly Premium	
	10 month	12 month
EMPLOYEE RATE	\$196.80	\$164.00
EMPLOYEE PLUS SPOUSE	\$1006.80	\$839.00
EMPLOYEE PLUS CHILDREN	\$808.80	\$674.00
FAMILY	\$1507.20	\$1256.00
FAMILY TEAM (both spouses work at Troy)	---	\$756.00

	In-Network		Out-of-Network	
Deductible	\$1,500	(2x)	\$3,000	(3x)
Coinsurance	20% (employee responsibility)		50% (employee responsibility)	
Max. Out of Pocket (MOOP)	\$5,500	(2x)	\$6,000	(2x)
Virtual/Primary/Specialist	\$20/\$35/\$70		Ded+Colns	
Urgent Care	\$75		Ded+Colns	
ER	\$300		\$300	
Rx Pharmacy	\$20/\$45/\$80/\$200#		Ded+Colns	

\$200 individual deductible (\$400 family deductible) will apply to tiers 3&4, in addition to \$80 copay(tier3) and \$200 copay (tier 4)

VISION PLAN - Offered through UHC (Spectera)

***NOT INCLUDED IN BOARD PAID PACKAGE**

(MATERIALS COVERAGE)	Monthly Premium	
	10 month	12 month
EMPLOYEE RATE	\$7.96	\$6.63
EMPLOYEE PLUS SPOUSE	\$14.65	\$12.21
EMPLOYEE PLUS CHILDREN	\$15.36	\$12.80
FAMILY	\$23.00	\$19.17

DENTAL PLAN – Offered through UHC

***NOT INCLUDED IN BOARD PAID PACKAGE**

	Monthly Premium			
	Base		Buy-Up	
	10 month	12 month	10 month	12 month
EMPLOYEE RATE	\$17.53	\$14.61	\$61.46	\$51.22
EMPLOYEE PLUS SPOUSE	\$35.18	\$29.22	\$122.89	\$102.41
EMPLOYEE PLUS CHILDREN	\$40.13	\$33.44	\$133.04	\$110.87
FAMILY	\$60.65	\$50.54	\$204.04	\$170.03

Our insurance brokers are available for questions at the following numbers or e-mails:

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