

NORTHWEST AREA COOPERATIVE

Renewal: 7/1/2019

JEFFREY STECKBAUER/THERESA HASZ

Quote ID: 4410

Product Options

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	Renewal Option 7 \$3000 HMO HDHP Premier Premier/HMO		Renewal Option 8 \$3000 HMO HDHP Explore Explore/HMO		Renewal Option 9 \$4000 HMO HDHP Premier	
	HDHP Embedded		HDHP Embedded		Premier/HMO HDHP Embedded	
Benefits)			
Deductible (Single/Family)	\$3,000/\$6,000		\$3,000/\$6,000		\$4,000/\$8,000	
Coinsurance	100%		100%		90%	
Maximum Out-of-Pocket (Single/Family)	\$4,000/\$8,000		\$4,000/\$8,000		\$6,500/\$13,000	
Emergency Room Copayment	Ded/Coins		Ded/Coins		Ded/Coins	
Urgent Care Copayment	Ded/Coins		Ded/Coins		Ded/Coins	
Office Visit Copayment	Ded/Coins		Ded/Coins		Ded/Coins	
Specialist Office Visit Copayment	Ded/Coins		Ded/Coins		Ded/Coins	
Preventive Benefit	Paid at 100%*		Paid at 100%*		Paid at 100%*	
Laboratory/Radiology Benefit	Subject to deductible/coinsurance		Subject to deductible/coinsurance		Subject to deductible/coinsurance	
Dependent Wrap Benefit	Included		Included		Included	
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%		Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%		Integrated drug coverage Preventive covered at 100%	
Mail Order	x 2 Copay(s)		x 2 Copay(s)			
	Contracts	Rates	Contracts	Rates	Contracts	Rates
EE Only	143	\$774.44	5	\$808.52	143	\$719.53
ES	116	\$1,750.24	3	\$1,827.25	116	\$1,626.14
EE +1 child	7	\$1,750.24	0	\$1,827.25	7	\$1,626.14
EE +2 or more children	12	\$1,750.24	1	\$1,827.25	12	\$1,626.14
Family	293	\$1,750.24	4	\$1,827.25	293	\$1,626.14
Medicare Single	1	\$542.11	0	\$565.96	1	\$503.67
Medicare Couple	0	\$1,084.22	0	\$1,131.93	0	\$1,007.35
Medicare Split	0	\$1,316.55	0	\$1,374.48	0	\$1,223.21
Total	572	\$860,389.75	13	\$18,660.60	572	\$799,384.38
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^{*}Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 7/1/2019 through 6/30/2020.

See next page for important notes ...

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature _____ Date ____



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This renewal includes a Not To Exceed (NTE) agreement for the July 2020 renewal. The NTE will be a flat 12.0% + applicable ACA fees.

This quote includes school districts of Spooner, Elk Mound and Siren.