



**SCHOOL DISTRICT OF SUPERIOR  
Benefit Summary  
July 1, 2022**

		<b>Plan Benefits</b>		
<b>Network</b>		UHC Choice Plus		
<b>Plan Type</b>		HDHP - HSA		
<b>Accumulation Type</b>		Embedded		
<b>Benefit Accumulator</b>		Plan Year		
		<b>In-Network</b>		<b>Out-of-Network</b>
<b>Deductible (Single/Family)</b>		\$3,000/\$6,000		\$6,000/\$12,000
<b>Coinsurance</b>		100%		80%
<b>Total Maximum Out-of-Pocket (Deductible and Coinsurance)</b>		\$3,000/\$6,000		\$8,000/\$16,000
<b>Medical Benefits</b>				
Inpatient Hospital		Deductible/100%		Deductible/80%
Outpatient Hospital		Deductible/100%		Deductible/80%
Office Visit		Deductible/100%		Deductible/80%
Specialist Office Visit		Deductible/100%		Deductible/80%
Preventive Exam		100%/Deductible Waived		Deductible/80%
Manipulation		Deductible/100%		Deductible/80%
Phys/Occ/Sp/Resp Therapy		Deductible/100%		Deductible/80%
Urgent Care		PPO Deductible/100%		
Emergency Room Care		PPO Deductible/100%		
Mental Health/Subst. Abuse:				
Office Visit		Deductible/100%		Deductible/80%
Inpatient		Deductible/100%		Deductible/80%
Outpatient		Deductible/100%		Deductible/80%
High Tech Imaging Coverage		Deductible/100%		Deductible/80%
Oral Surgery		Deductible/100%		Deductible/80%
All Other Covered Medical Services		Deductible/100%		Deductible/80%
<b>Teladoc Benefits</b>		PPO Deductible/100%		
<b>Pharmacy Benefits</b>				
<b>Drug Plan Formulary</b>		<u>Generic</u>	<u>Preferred</u>	<u>Non-Preferred</u>
Retail, 30 Days		PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Retail, 31-90 Days		PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Mail Order, 90 Days		PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Specialty, 30 Days		PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
		Mandatory Generic: Yes		
		Rx Max Out-of-Pocket: Included in medical		

**Group Health Trust Costs 2023-2024**

<b>Hourly Support Staff/All Others Primary Plan 3000/6000 Deductible</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2023-June 2024)	21 payrolls (Total Cost / 21)
	<b>Column A x 12%</b>		<b>Column B x 12 months</b>	<b>Column C ÷ 20 checks</b>
Employee	\$652.91	\$78.35	\$940.19	\$44.77
Employee + Spouse	\$1,501.59	\$180.19	\$2,162.29	\$102.97
Employee + Child(ren)	\$1,175.46	\$141.06	\$1,692.66	\$80.60
Family	\$2,089.34	\$250.72	\$3,008.65	\$143.27

The District will contribute towards an HSA \$2,000 Family; \$1,000 Single

**Group Health Trust Costs 2023-2024**

<b>Year-Round, Administrators, Custodians, Secretaries Primary Plan 3000/6000 Deductible</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2023-June 2024)	26 payrolls (Total Cost / 26)
	<b>Column A x 12%</b>		<b>Column B x 12 months</b>	<b>Column C ÷ 26 checks</b>
	<b>Column A x 12%</b>		<b>Column B x 12 months</b>	<b>Column C ÷ 26 checks</b>
Employee	\$652.91	\$78.35	\$940.19	\$36.16
Employee + Spouse	\$1,501.59	\$180.19	\$2,162.29	\$83.16
Employee + Child(ren)	\$1,175.46	\$141.06	\$1,692.66	\$65.10
Family	\$2,089.34	\$250.72	\$3,008.65	\$115.72

The District will contribute towards an HSA \$2,000 Family; \$1,000 Single

**Group Health Trust Costs 2023-2024**

<b>TEACHERS Primary Plan 3000/6000 Deductible</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2023-June 2024)	22 payrolls (Total Cost / 22)
		<b>Column A x 12%</b>	<b>Column B x 12 months</b>	<b>Column C ÷ 22 checks</b>
Employee	\$652.91	\$78.35	\$940.19	\$42.74
Employee + Spouse	\$1,501.59	\$180.19	\$2,162.29	\$98.29
Employee + Child(ren)	\$1,175.46	\$141.06	\$1,692.66	\$76.94
Family	\$2,089.34	\$250.72	\$3,008.65	\$136.76

The District will contribute towards an HSA \$2,000 Family; \$1,000 Single