

Strong Start Elementary School

Prepared by: Jessica Hall

Effective Date: August 1, 2022

Medical HMO	Option 1 HPN HMO Gold 30/500/30%	
Benefit Comparison	In-Network	
Calendar Year Deductible		
Individual	\$500	
Family	\$1,000	
Coinsurance	70/30	
Out-of-Pocket Maximum		
Individual	\$8,500	
Family	\$17,000	
Office Visits & Hospitalization		
PCP Office Visit	\$30 per visit	
Specialist Office Visit	\$70 per visit	
Preventive Care	100% Covered	
Telemedicine Services	\$0 per visit	
Routine Lab & X Ray		
Routine Laboratory Services	\$20 per visit	
Routine X-ray	\$40 per visit	
Hospital Services		
Inpatient Hospitalization	CYD + 30%	
Outpatient - Hospital Facility	CYD + 30%	
Emergency Services		
ER (waived if admitted)	\$1,000 per visit	
Urgent Care	\$35 per visit	
Prescription Drugs		
Deductible	Individual: \$50 / Family: \$100*	
Tier I	CYD + \$5*	
Tier II	CYD + \$50*	
Tier III	CYD + \$75*	
Tier IV	CYD + 50%*	
Mail-Order	CYD + 2.5 Copays*	
Network	HPN	
Cost Comparison	Option 1	
Total Monthly Premium	\$23,026.65	
Total Annualized Cost	\$276,319.80	

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Medical \$1,500 PPO	Option 1 SHL PPO Gold 25/1700/20%		
Benefit Comparison	In-Network	Out-of-Network	
Calendar Year Deductible			
Individual	\$1,700	\$6,000	
Family	\$3,400	\$12,000	
Coinsurance	80/20	50/50	
Out-of-Pocket Maximum			
Individual	\$8,550	\$15,800	
Family	\$17,100	\$31,600	
Office Visits & Hospitalization			
PCP Office Visit	\$25 per visit	CYD + 50%	
Specialist Office Visit	\$80 per visit	CYD + 50%	
Preventive Care	100% Covered	CYD + 50%	
Telemedicine Services	\$0 per visit	CYD + 50%	
Routine Lab & X Ray			
Routine Laboratory Services	\$25 per visit	CYD + 50%	
Routine X-ray	\$50 per visit	CYD + 50%	
Hospital Services			
Inpatient Hospitalization	CYD + 20%	CYD + 50%	
Outpatient - Hospital Facility	CYD + \$500 per surgery	CYD + 50%	
Emergency Services			
ER (waived if admitted)	CYD + \$500 per visit	CYD + \$500 per visit	
Urgent Care	\$50 per visit	CYD + 50%	
Prescription Drugs	Non-Specialty	Specialty	Out-of-Network
Deductible	Individual: \$350 / Family: \$700*		
Tier I	\$25	\$25	CYD + 50%*
Tier II	\$50	\$150	CYD + 50%*
Tier III	\$75	\$350	CYD + 50%*
Tier IV	CYD + \$350*	CYD + \$500*	CYD + 50%*
Mail-Order	2.5 Copays		
Network	SHL / UHC	N/A	
Cost Comparison	Option 1		
Total Monthly Premium	\$23,397.24		
Total Annualized Cost	\$280,766.88		

*UHC: Designated Network / In-Network

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Vision		Option 1 Renaissance	
Benefit Comparison		In-Network	Out-of-Network
Frequency of Services			
Exams		Once every 12 months	
Lenses		Once every 12 months	
Frames		Once every 24 months	
Contact Lenses		Once every 12 months	
Exam			
Eye Exam / Refraction		\$10 Copay	up to \$45
Lenses			
Single Vision Eyeglass Lenses		\$25 Copay	Up to \$30
Bifocal Eyeglass Lenses		\$25 Copay	Up to \$50
Trifocal Eyeglass Lenses		\$25 Copay	Up to \$65
Frames			
Standard Frames		\$130 Allowance	up to \$70
Discount After Allowance		20% Discount	N/A
Contacts			
Elective		\$130 Allowance	up to \$105
Network		VSP	N/A
Tier		Option 1	
	15		
EE Only	3	\$7.07	
EE + Spouse	5	\$14.13	
EE + Child(ren)	1	\$15.13	
EE + Family	6	\$24.16	
Cost Comparison		Total Cost	
Total Monthly Premium		\$251.95	
Total Annualized Premium		\$3,023.40	

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Life and AD&D	Option 1
	Renaissance
Benefit Comparison	Description
Eligibility Definition	All Active Full Time Employees
Life/AD&D Benefit Amount	\$25,000
Age Reduction Schedule	Age 65: 35% / Age 70: 50%
Guaranteed Issue Amount	\$25,000
Waiver of Premium	Included
Conversion	Included
Accelerated Death Benefit	Included
Rate Guarantee	24 Months
Description	Option 1
Total Volume	\$362,500
Life Rate per \$1,000 of Benefit	\$0.227
AD&D Rate per \$1,000 of Benefit	\$0.013
Cost Comparison	Total Cost
Total Monthly Premium	\$87.00
Total Annualized Premium	\$1,044.00