

**CULVER COMMUNITY SCHOOLS CORPORATION
WV/WCI School Trust**

Benefit Plan Options October 1, 2020 to September 30, 2021

Classified

	<u>Medical & Prescription</u>	<u>Total Yearly Cost</u>	<u>Corporation Contribution (per year)</u>	<u>Employee Yearly Out-of-Pocket</u>	<u>18-Pay Cost per Pay</u>	<u>24-Pay Cost per Pay</u>
<u>PLAN 6, HDHP/HSA 3350</u>						
Employee Only	\$ 780.00	\$ 9,360.00	\$ 6,908.00	\$ 2,452.00	\$ 136.22	\$ 102.17
Employee + Family	\$ 1,779.00	\$ 21,348.00	\$ 13,762.00	\$ 7,586.00	\$ 421.44	\$ 316.08
<u>PLAN 7, HDHP/HSA 6000</u>						
Employee Only	\$ 675.00	\$ 8,100.00	\$ 6,884.00	\$ 1,216.00	\$ 67.56	\$ 50.67
Employee + Family	\$ 1,442.00	\$ 17,304.00	\$ 13,678.00	\$ 3,626.00	\$ 201.44	\$ 151.08
<u>Plan 8, PPO 750</u>						
Employee Only	\$ 949.00	\$ 11,388.00	\$ 6,907.00	\$ 4,481.00	\$ 248.94	\$ 186.71
Employee + Family	\$ 2,164.00	\$ 25,968.00	\$ 13,697.00	\$ 12,271.00	\$ 681.72	\$ 511.29
<u>CCSC DENTAL/VISION</u>						
Employee Only	\$ 49.50	\$ 594.00	\$ 593.00	\$ 1.00	\$ -	\$ -
Employee + Family	\$ 123.50	\$ 1,482.00	\$ 600.00	\$ 882.00	\$ 49.00	\$ 36.75

** COMPLETE PLAN DESCRIPTIONS ARE LOCATED ON ANY CORPORATION WEBSITE AT WWW.CULVER.K12.IN.US BY CLICKING ON THE "INFORMATION" TAB AND THEN THE "FORMS AND MEDICAL INSURANCE" TAB.

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W/WCI School Trust**

Benefit Plan Options October 1, 2020 to September 30, 2021

Certified

<u>PLAN 6, HDHP/HSA 3350</u>	<u>Medical & Prescription</u>	<u>Total Yearly Cost</u>	<u>Corporation Contribution (per year)</u>	<u>Employee Yearly Out-of-Pocket</u>	<u>18-Pay Cost per Pay</u>	<u>24-Pay Cost per Pay</u>
Employee Only	\$ 780.00	\$ 9,360.00	\$ 7,180.00	\$ 2,180.00	\$ 121.11	\$ 90.83
Employee + Family	\$ 1,779.00	\$ 21,348.00	\$ 14,420.00	\$ 6,928.00	\$ 384.89	\$ 288.67

<u>PLAN 7, HDHP/HSA 6000</u>	<u>Medical & Prescription</u>	<u>Total Yearly Cost</u>	<u>Corporation Contribution (per year)</u>	<u>Employee Yearly Out-of-Pocket</u>	<u>18-Pay Cost per Pay</u>	<u>24-Pay Cost per Pay</u>
Employee Only	\$ 675.00	\$ 8,100.00	\$ 7,156.00	\$ 944.00	\$ 52.44	\$ 39.33
Employee + Family	\$ 1,442.00	\$ 17,304.00	\$ 14,336.00	\$ 2,968.00	\$ 164.89	\$ 123.67

<u>Plan 8, PPO 750</u>	<u>Medical & Prescription</u>	<u>Total Yearly Cost</u>	<u>Corporation Contribution (per year)</u>	<u>Employee Yearly Out-of-Pocket</u>	<u>18-Pay Cost per Pay</u>	<u>24-Pay Cost per Pay</u>
Employee Only	\$ 949.00	\$ 11,388.00	\$ 7,228.00	\$ 4,160.00	\$ 231.11	\$ 173.33
Employee + Family	\$ 2,164.00	\$ 25,968.00	\$ 14,504.00	\$ 11,464.00	\$ 636.89	\$ 477.67

<u>CCSC DENTAL/VISION</u>	<u>Dental & Vision</u>	<u>Total Yearly Cost</u>	<u>Corporation Contribution (per year)</u>	<u>Employee Yearly Out-of-Pocket</u>	<u>18-Pay Cost per Pay</u>	<u>24-Pay Cost per Pay</u>
Employee Only	\$ 49.50	\$ 594.00	\$ 593.00	\$ 1.00	\$ -	\$ -
Employee + Family	\$ 123.50	\$ 1,482.00	\$ 600.00	\$ 882.00	\$ 49.00	\$ 36.75

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Summary of Benefit Options October 1, 2020

Benefits	Plan 6 HSA \$3,350 Network / Non	Plan 7 HSA \$6,000 Network / Non	Plan 8 NEW PLAN PPO \$750 Network / Non
Deductible			
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$750 / \$2,250
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$1,500 / \$4,500
Out-of-Pocket Limit (Includes Deductible)			
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$4,000 / \$12,000
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$8,000 / \$32,000
Coinsurance	100% / 70%	100% / 70%	80% / 60%
Urgent Care	100% / 70%	100% / 70%	80% / 60%
Emergency Room	100% / 100%	100% / 100%	80% / 80%
Physician Office Visits	100% / 70%	100% / 70%	80% / 60%
Routine Care	100% (no ded) / 70%	100% (no ded) / 70%	100% (no ded) / 60%
Prescription Drugs			
Annual OOP Maximum ¹			
Individual	Included in Medical OOP Max	Included in Medical OOP Max	\$2,600
Family			\$5,200
Pharmacy (% copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)	20% Tier 1 40% Tier 2 60% Tier 3
Mail Order (\$ copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3

¹ Plan 8 includes a prescription drug annual out-of-pocket maximum; both retail and mail order copays (% or flat dollar) will accumulate to the limit; medical and prescription drug maximums are separate and do not co-mingle. The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only.

24/7 First Stop Health including Mental Health option and **Preventive Specialty Programs included in Trust Benefits

Your coverage is issued by a multiple employer welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement