

Northwest Allen County Schools

Plan Selection Form

(for the period October 1, 2019 – September 30, 2020)

- ♥ Check the appropriate box below to indicate your choice of health coverage.
- ♥ Remember to sign and date this form in the appropriate spaces and return to the central office prior to September 6, 2019.

	Plan A+	Plan A	HDHP/HSA
	<i>EPO / PPO / NON-PPO</i>	<i>EPO / PPO / NON-PPO</i>	<i>EPO / PPO / NON-PPO</i>
Deductible			
Individual	\$200/\$1200/\$3200	\$500/\$1500/\$3500	\$3000/\$4000/\$6000
Family	\$400/\$2400/\$6400	\$1000/\$3000/\$7000	\$6000/\$8000/\$12000
Preventive Care	100%/100%/50%	100%/100%/50%	100%/100%/30%
Out of Pocket Max			
Individual	\$1000/\$4000/\$20000	\$3000/\$6000/\$20000	\$3000/\$6000/\$20000
Family	\$2000/\$8000/\$40000	\$6000/\$12000/\$40000	\$6000/\$12000/\$40000
Primary Care Copay	\$20 / N/A / 50%	\$30 / N/A / 50%	N/A
Specialist Copay	\$30 / N/A / 50%	\$40 / N/A / 50%	N/A
Rx Retail Copay	\$15 Generic \$30 Brand \$60 Non-formulary 20% Copay Specialty	\$15 Generic \$30 Brand \$60 Non-formulary 20% Copay Specialty	All RX applies towards deductible. Once deductible has been met, plan pays at 100%
Rx Mail Order Copay (90-day supply)	\$30 Generic \$60 Brand \$120 Non-formulary	\$30 Generic \$60 Brand \$120 Non-formulary	

I choose to enroll in: **Plan A+** **Plan A** **HDHP/HSA** *

Calendar Year Deductible.

Choose effective date:

*Effective 10/01/19

*Effective 01/01/20

Waiver of Coverage: I certify that I have been given an opportunity to apply for the Plan Sponsor's group health coverage and after careful consideration, have decided not to take advantage of this offer. OR

I choose to opt out of the Dental/Vision coverage with no change in premium.

Name _____ Social Security Number _____

Date _____

Signature _____

If you have waived coverage and experience a HIPAA Qualifying Event, you may join the plan within 30 days of the qualifying event. HIPAA events include termination of employment, marriage, birth, adoption, death, expiration of COBRA coverage, loss of employer contributions towards coverage, legal separation or divorce. Proof of the HIPAA Qualifying Event must be provided with your completed health insurance application.

An opportunity to transfer between plans will occur each year with an October 1st effective date.