

**QUINCY COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

PLAN	MESSA CHOICES II			PRIORITY HEALTH POS TRADITIONAL CO-PAY ALIGNED			UNITED HEALTHCARE D M H		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
			24 PAYS			24 PAYS			2 PAYS
SINGLE	\$690.77	\$511.84	\$89.46	\$568.60	\$511.84	\$28.38	\$530.28	\$511.84	\$9.22
TWO PERSON	\$1,552.28	\$1,070.42	\$240.93	\$1,277.76	\$1,070.42	\$103.67	\$1,191.48	\$1,070.42	\$60.53
FAMILY	\$1,931.34	\$1,395.94	\$267.70	\$1,589.75	\$1,395.94	\$96.90	\$1,482.40	\$1,395.94	\$43.23
ACA TAXES 3.41%	INCLUDED								

BENEFIT COMPARISON

DEDUCTIBLE	\$500 SINGLE, \$1,000 FAMILY	\$500 SINGLE, \$1,000 FAMILY	\$500 SINGLE, \$1,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,500 SINGLE, \$3,000 FAMILY INCLUDES DEDUCTIBLE & ALL CO-PAYS	\$6,850 SINGLE, \$13,700 FAMILY INCLUDES DEDUCTIBLE & ALL CO-PAYS	\$3,000 SINGLE, \$6,000 FAMILY INCLUDES DEDUCTIBLE & ALL CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CO-PAYS	DEDUCTIBLE APPLIES FIRST \$20 CO-PAY PRIMARY OR SPECIALIST	DEDUCTIBLE DOES NOT APPLY \$20 PRIMARY, \$35 SPECIALISTS	DEDUCTIBLE DOES NOT APPLY \$20 PRIMARY, \$40 SPECIALISTS
URGENT CARE	DEDUCTIBLE THEN \$25 CO-PAY	\$75 CO-PAY	\$75 CO-PAY
EMERGENCY ROOM	DEDUCTIBLE THEN \$50 CO-PAY	\$150 CO-PAY	\$250 CO-PAY
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC LAB	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% NO DEDUCTIBLE
MRI, PT, CAT SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	\$250 CO-PAY
REHAB SERVICES	100% AFTER DEDUCTIBLE 60 COMBINED VISITS/YEAR	\$20 CO-PAY 60 COMBINED VISITS/YEAR	\$20 CO-PAY LIMIT 20 VISITS EACH THRAPPK
CHIROPRACTIC	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	INCLUDED IN REHAB SERVICES	\$20 CO-PAY 20 VISITS/YEAR
PRESCRIPTIONS	RX SAVER PLAN	\$10/\$40/480	\$10/\$35/\$60
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PLAN	MESSA A B C 1			PRIORITY HEALTH H S A			UNITED HEALTH CARE PLAN ABIX		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
			24 PAYS			24 PAYS			24 PAYS
SINGLE	\$621.84	\$511.84	\$55.00	\$479.63	\$511.84	(\$17.44)	\$474.78	\$511.84	(\$18.53)
TWO PERSON	\$1,397.20	\$1,070.42	\$163.39	\$1,077.82	\$1,070.42	\$3.70	\$1,066.77	\$1,070.42	(\$18.25)
FAMILY	\$1,738.36	\$1,395.94	\$171.21	\$1,340.99	\$1,395.94	(\$27.47)	\$1,327.25	\$1,395.94	(\$34.34)
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT COMPARISON

DEDUCTIBLE	\$1,300 SINGLE, \$2,600 FAMILY	\$1,300 SINGLE, \$2,600 FAMILY	\$1,500 SINGLE, \$3,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,000 SINGLE, \$2,000 FAMILY INCLUDES ALL CO-PAYS AFTER DEDUCTIBLE	\$2,000 SINGLE, \$4,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$2,500 SINGLE, \$5,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CO-PAYS	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
URGENT CARE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
EMERGENCY ROOM	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC LAB	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MRI, PT, CAT SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES	100% AFTER DEDUCTIBLE 60 COMBINED VISITS/YEAR	100% AFTER DEDUCTIBLE 50 COMBINED VISITS/YEAR	100% AFTER DEDUCTIBLE 20 VISITS EACH THERAPY TYPE
CHIROPRACTIC	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	INCLUDED IN REHAB SERVICES	100% AFTER DEDUCTIBLE 20 VISITS/YEAR
PRESCRIPTIONS	DEDUCTIBLE THEN RX SAVER	DEDUCTIBLE THEN \$10/\$40/\$80	DEDUCTIBLE, THEN \$10/\$35/\$60
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PLAN	PRIORITY HEALTH \$1,000 DEDUCTIBLE			PRIORITY HEALTH \$1,500 DEDUCTIBLE			PRIORITY HEALTH H S A \$2,000 DEDUCTIBLE		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
			24 PAYS			24 PAYS			24 PAYS
SINGLE	\$541.23	\$511.84	\$14.69	\$515.50	\$511.84	\$1.83	\$431.99	\$511.84	(\$39.92)
TWO PERSON	\$1,216.25	\$1,070.42	\$72.91	\$1,158.43	\$1,070.42	\$44.00	\$970.77	\$1,070.42	(\$49.82)
FAMILY	\$1,513.22	\$1,395.94	\$58.64	\$1,441.29	\$1,395.94	\$22.67	\$1,207.80	\$1,395.94	(\$94.07)
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT COMPARISON

DEDUCTIBLE	\$1,000 SINGLE, \$2,000 FAMILY	\$1,500 SINGLE, \$3,000 FAMILY	\$2,000 SINGLE, \$4,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$6,850 SINGLE, \$13,700 FAMILY INCLUDES DEDUCTIBLE & ALL CO-PAYS	\$6,850 SINGLE, \$13,700 FAMILY INCLUDES DEDUCTIBLE & ALL CO-PAYS	\$2,000 SINGLE, \$4,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CO-PAYS	DEDUCTIBLE DOES NOT APPLY \$20 PRIMARY, \$35 SPECIALISTS	DEDUCTIBLE DOES NOT APPLY \$20 PRIMARY, \$35 SPECIALISTS	100% AFTER DEDUCTIBLE
URGENT CARE	\$75 CO-PAY	\$75 CO-PAY	100% AFTER DEDUCTIBLE
EMERGENCY ROOM	\$150 CO-PAY	\$150 CO-PAY	100% AFTER DEDUCTIBLE
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC LAB	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MRI, PT, CAT SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES	\$20 CO-PAY 60 COMBINED VISITS/YEAR	\$20 CO-PAY 60 COMBINED VISITS/YEAR	100% AFTER DEDUCTIBLE 50 COMBINED VISITS/YEAR
CHIROPRACTIC	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES
PRESCRIPTIONS	\$10/\$40/480	\$10/\$40/80	DEDUCTIBLE THEN \$10/\$40/\$80
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PLAN	UNITED HEALTHCARE \$1,000 DEDUCTIBLE			UNITED HEALTHCARE \$1,500 DEDUCTIBLE			UNITED HEALTHCARE H S A \$2,000 DEDUCTIBLE		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
			24 PAYS			24 PAYS			24 PAYS
SINGLE	\$492.84	\$511.84	(\$9.50)	\$477.93	\$511.84	(\$16.95)	\$382.57	\$511.84	(\$64.63)
TWO PERSON	\$1,107.35	\$1,070.42	\$18.46	\$1,073.85	\$1,070.42	\$1.71	\$859.59	\$1,070.42	(\$105.41)
FAMILY	\$1,377.73	\$1,395.94	(\$9.10)	\$1,338.05	\$1,395.94	(\$28.94)	\$1,069.47	\$1,395.94	(\$163.23)
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT COMPARISON

DEDUCTIBLE	\$1,000 SINGLE, \$2,000 FAMILY	\$1,500 SINGLE, \$3,000 FAMILY	\$2,000 SINGLE, \$4,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$4,000 SINGLE, \$8,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$4,000 SINGLE, \$8,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$4,500 SINGLE, \$6,850 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CO-PAYS	DEDUCTIBLE DOES NOT APPLY \$30 PRIMARY, \$60 SPECIALIST	DEDUCTIBLE DOES NOT APPLY \$30 PRIMARY, \$60 SPECIALISTS	DEDUCTIBLE THEN CO-PAYS \$30 PRIMARY, \$60 SPECIALIST
URGENT CARE	\$75 CO-PAY	\$75 CO-PAY	DEDUCTIBLE THEN \$75 CO-PAY
EMERGENCY ROOM	\$250 CO-PAY	\$250 CO-PAY	DEDUCTIBLE THEN \$250 CO-PAY
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC LAB	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% AFTER DEDUCTIBLE
MRI, PT, CAT SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES	\$30 CO-PAY 20 VISITS EACH THERAPY TYPE	\$30 CO-PAY 20 VISITS EACH THERAPY TYPE	DEDUCTIBLE THEN \$30 CO-PAY 20 VISITS EACH THERAPY TYPE
CHIROPRACTIC	\$30 CO-PAY 20 VISITS/YEAR	\$30 CO-PAY 20 VISITS/YEAR	DEDUCTIBLE THEN \$30 CO-PAY 20 VISITS/YEAR
PRESCRIPTIONS	\$10/\$35/\$60	\$10/\$35/\$60	DEDUCTIBLE THEN \$10/\$35/\$60
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