

ANGLICAN CHURCH IN NORTH AMERICA

Medical Rates and Plans

UnitedHealthcare

Medical Rates and Plan Designs 2017/2018 plan year

Group Name: Anglican Church in North America
 Group Number: 752202
 Effective Date: September 1, 2017

	Choice Plus PPO Silver	Choice Plus PPO Bronze	Choice Plus HSA
Plan Name	AS-ZJ (UHIC-Emb Ded) Rx Plan: AT	AS-ZL (UHIC-Emb Ded) Rx Plan: 6M	AF-AR Mod (HSA / Emb Ded / Int Rx) Rx Plan: 2V-HSA
Product	Choice + Insurance *	Choice + Insurance *	Choice + Insurance *
Option			
HRA or HSA	No	No	HSA
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP \$30, SPC \$50	PCP \$30, SPC \$60	PCP D&C, SPC D&C
Hospital Copays	OP \$250 per occur till D, IP \$500 per occur till D	OP D&C, IP D&C	OP D&C, IP D&C
UC/ER/Major Diag Copay	UC \$75, ER \$250, Maj Diag \$150	UC \$75, ER \$150, Maj Diag \$150	UC D&C, ER D&C, Maj Diag D&C
Other	NO ENRP	NO ENRP	NO ENRP
Deductible	\$2000/\$4000 (Emb)	\$2500/\$5000 (Emb)	\$3500/ \$7000 (Emb)
Coinsurance	100%	70%	80%
Out-of-Pocket	\$5000/\$10000	\$6250/\$12500	\$5000/ \$10000
Pharmacy	\$100/\$300 Ded, \$10/35/70; 2.5x	\$100/\$300 Ded, \$10/35/60; 2.5x	Integrated \$10/35/60, after Ded.; 2.5x
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$4000/\$8000 (Emb)	\$4000/\$8000 (Emb)	\$5000/ \$10000 (Emb)
Coinsurance	80%	50%	70%
Out of Pocket	\$8000/\$16000	\$10000/\$20000	\$6000/ \$12000
	Monthly Premium Costs	Monthly Premium Costs	Monthly Premium Costs
Employee	\$897.23	\$840.35	\$660.90
Employee + Spouse	\$2,108.04	\$1,974.37	\$1,552.67
Employee + Child(ren)	\$1,705.32	\$1,597.25	\$1,256.30
Employee + Family	\$2,467.84	\$2,311.42	\$1,817.93

Vision

See plan summary for details of coverage

Non-Optional Standard Vision

Included on all health policies.

Cost is included in plan rates as stated above.

Employee	\$1.33
Employee + Spouse	\$2.68
Employee + Child (ren)	\$3.14
Employee + Family	\$4.10

Optional Vision Plus Materials

Cost will be added as a separate line item at billing.

	\$6.50
	\$12.50
	\$14.50
	\$19.50

Eligibility and enrollment information:

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