

# Rocky Mountain Classical Academy

Colorado Springs, El Paso County, CO 80922

SIC Code: 8211 - Elementary and Secondary Schools - (Private Schools)

Medical	<b>UnitedHealthcare</b> <u>Charter HSA Bronze 5750/80% (AK2K 401)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Charter Silver 40/3000/70% (ATM8 255)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Charter Direct Silver 35/2000/70% (ATNP 255)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Navigate Direct Gold 20/1000/90% (ATNO 252)</u> Effective Date: 1/1/2018
<b>DEDUCTIBLE</b>				
Individual	HMO: \$5,750	HMO: \$3,000	HMO: \$2,000	HMO: \$1,000
Family	HMO: \$11,500 (embedded)	HMO: \$6,000 (embedded)	HMO: \$4,000 (embedded)	HMO: \$2,000 (embedded)
<b>OUT-OF-POCKET MAX</b>				
Individual	HMO: \$6,550 (includes ded.)	HMO: \$6,000 (includes ded.)	HMO: \$6,000 (includes ded.)	HMO: \$5,000 (includes ded.)
Family	HMO: \$13,100 (embedded; includes ded.)	HMO: \$12,000 (embedded; includes ded.)	HMO: \$12,000 (embedded; includes ded.)	HMO: \$10,000 (embedded; includes ded.)
<b>PHYSICIAN SERVICES</b>				
Office Visits	HMO: 20% after ded.	HMO: \$40/\$80 (ded. waived)	HMO: \$35/\$70 (ded. waived)	HMO: \$20/\$40 (ded. waived)
Preventive Care	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)
Diagnostic Lab/X-Ray	HMO: 20% after ded.	HMO: 30% after ded.	HMO: FreeStanding: 30% after ded.; OPHospital: \$250 + 30% after ded.	HMO: FreeStanding: 0% after ded.; OPHospital: \$250 + 0% after ded.
Imaging (CT/PET scans, MRIs)	HMO: 20% after ded.	HMO: 30% after ded.	HMO: FreeStanding: 30% after ded.; OPHospital: \$500 + 30% after ded.	HMO: FreeStanding: 10% after ded.; OPHospital: \$500 + 10% after ded.
Rehabilitation/Habilitation (PT/OT/ST)	HMO: 20% after ded.	HMO: \$40 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$20 (ded. waived)
Chiropractic Care	HMO: 20% after ded. (20 visits per year)	HMO: \$80 (ded. waived; 20 visits per year)	HMO: \$70 (ded. waived; 20 visits per year)	HMO: \$40 (ded. waived; 20 visits per year)
<b>PRESCRIPTION DRUGS</b>				
Rx	HMO: MedDed (1-4); \$15/\$50/\$135/\$300 (Rx:401 Essential)	HMO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255 Advantage)	HMO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255 Advantage)	HMO: \$15/\$35/\$70/\$250 (Rx:252 Advantage)
<b>HOSPITAL FACILITY SERVICES</b>				
Inpatient Hospital Services	HMO: 20% after ded.	HMO: 30% after ded.	HMO: \$500 + 30% after ded.	HMO: \$500 + 10% after ded.
Outpatient Surgery in a Hospital	HMO: 20% after ded.	HMO: 30% after ded.	HMO: \$500 + 30% after ded.	HMO: \$500 + 10% after ded.
<b>EMERGENCY SERVICES</b>				
Emergency Room	HMO: 20% after ded.	HMO: 30% after ded.	HMO: 30% after ded.	HMO: 10% after ded.

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 11/14/2017

Quote Id: 2277-6610

Sorted By: Premium(Ascending)

Presented By: Unlimited Benefits License# 509761

# Rocky Mountain Classical Academy

Colorado Springs, El Paso County, CO 80922

SIC Code: 8211 - Elementary and Secondary Schools - (Private Schools)

Medical	<b>UnitedHealthcare</b> <u>Charter HSA Bronze 5750/80% (AK2K 401)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Charter Silver 40/3000/70% (ATM8 255)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Charter Direct Silver 35/2000/70% (ATNP 255)</u> Effective Date: 1/1/2018	<b>UnitedHealthcare</b> <u>Navigate Direct Gold 20/1000/90% (ATNO 252)</u> Effective Date: 1/1/2018
Plan Premium:	<b>\$26,671.23</b>	<b>\$32,302.26</b>	<b>\$33,061.14</b>	<b>\$40,497.12</b>
Emergency Transport/Ambulance	HMO: 20% after ded.	HMO: 30% after ded.	HMO: 30% after ded.	HMO: 10% after ded.
Urgent Care	HMO: 20% after ded.	HMO: \$40 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$20 (ded. waived)
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>				
Outpatient Services	HMO: 20% after ded.	HMO: \$40 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$20 (ded. waived)
Inpatient Services	HMO: 20% after ded.	HMO: 30% after ded.	HMO: 30% after ded.	HMO: 10% after ded.
<b>MATERNITY</b>				
Prenatal and Postnatal Care	HMO: Based on point of service	HMO: Based on point of service	HMO: Based on point of service	HMO: Based on point of service
Delivery and All Inpatient Services	HMO: 20% after ded.	HMO: 30% after ded.	HMO: \$500 + 30% after ded.	HMO: \$500 + 10% after ded.
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>				
Eye Exam	HMO: 0% (ded. waived; limited to once every 12 months)	HMO: \$10 (ded. waived; limited to once every 12 months)	HMO: \$10 (ded. waived; limited to once every 12 months)	HMO: \$10 (ded. waived; limited to once every 12 months)
Glasses	HMO: Copay varies by service	HMO: Copay varies by service	HMO: Copay varies by service	HMO: Copay varies by service
Dental Check-up	HMO: See Detail	HMO: See Detail	HMO: See Detail	HMO: See Detail

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 11/14/2017

Quote Id: 2277-6610

Sorted By: Premium(Ascending)

Presented By: Unlimited Benefits License# 509761

# Rocky Mountain Classical Academy

Colorado Springs, El Paso County, CO 80922

SIC Code: 8211 - Elementary and Secondary Schools - (Private Schools)

Medical	UnitedHealthcare <u>Charter HSA Bronze 5750/80% (AK2K 401)</u> Effective Date: 1/1/2018			UnitedHealthcare <u>Charter Silver 40/3000/70% (ATM8 255)</u> Effective Date: 1/1/2018			UnitedHealthcare <u>Charter Direct Silver 35/2000/70% (ATNP 255)</u> Effective Date: 1/1/2018			UnitedHealthcare <u>Navigate Direct Gold 20/1000/90% (ATNO 252)</u> Effective Date: 1/1/2018		
Dependent Tier	Employer Contribution	Select Your Plan	Employee Cost	Employer Contribution	Select Your Plan	Employee Cost	Employer Contribution	Select Your Plan	Employee Cost	Employer Contribution	Select Your Plan	Employee Cost
Employee Only	\$456.82		\$0	\$456.82		\$0	\$456.82		\$0	\$456.82		\$0
Employee and Spouse	\$456.82		\$144.9	\$456.82		\$271.94	\$456.82		\$289.06	\$456.82		\$456.82
Employee and Child(ren)	\$456.82		\$99.77	\$456.82		\$217.28	\$456.82		\$233.12	\$456.82		\$388.30
Family	\$456.82		\$400.63	\$456.82		\$581.66	\$456.82		\$606.06	\$456.82		\$845.12

Select your Plan

Please include a PCP provider code

Primary Care Physician's Code

Signature

Date

Sign and Date

Please sign and date here, ONLY if WAIVING coverage

Only for those waiving coverage

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 11/14/2017

Quote Id: 2277-6610

Sorted By: Premium(Ascending)

Presented By: Unlimited Benefits License# 509761