

Smithton R-VI  
Effective : 7/1/2017

NETWORK Open Access Plus  
REGION Northwest/West Central  
TIER 1



**Enroll on line at [www.ftjconnect.com](http://www.ftjconnect.com)**

**User Name: 458firstnamelastname**

**PASSWORD :** If you forgot your password, please select the "forgot password" link on the home page, enter your email and you'll receive a link to reset your password.

		HSA 5000	HSA 4000	HSA 3000	PPO 1500
<b>MONTHLY PREMIUM - EMPLOYEE</b>		\$327	\$345	\$363	\$524
<b>DISTRICT PAYS</b>	What <i>YOUR DISTRICT</i> pays per employee per month	\$327	\$345	\$363	\$430
	What <i>YOUR DISTRICT</i> contributes to your personal HSA per month	\$103	\$85	\$67	N/A
	<b>ANNUAL HSA CONTRIBUTION</b>	\$1,236	\$1,020	\$804	N/A
<b>Employee: TOTAL AMOUNT YOU PAY PER MONTH</b>	Employee Only	\$0	\$0	\$0	\$94
	Employee + Spouse	\$360	\$380	\$399	\$670
	Employee + One child	\$164	\$173	\$182	\$356
	Employee + 2 or More Children	\$278	\$293	\$309	\$539
	Emp + Sp + One Child	\$524	\$553	\$581	\$932
	Emp + Sp + 2 or More Children	\$638	\$673	\$708	\$1,115
Is this plan Medicare Creditable?		NO	NO	YES	YES

**HSA Maximum for 2017**

Individual	\$3,400
Family	\$6,750
Annual Catch up contribution for those age 55 and over	\$1,000

The MEUHP Summaries of Benefits and Coverage (SBCs) are available at [www.ftjconnect.com](http://www.ftjconnect.com) or from your Payroll Supervisor. The MEUHP Plan Document is available at [www.meuhp.com](http://www.meuhp.com).

Questions? Call: 800-821-7303 ext 1179 for benefit questions or ext 1316 for system or password questions.

DISTRICT **Smithton R-VI**  
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		HSA5000	HSA4000	HSA 3000	PPO 1500
<b>IN NETWORK BENEFITS</b>					
<b>Individual</b>	Calendar Year Deductible	\$5,000	\$4,000	\$3,000	\$1,500
	Out of Pocket Maximum (includes deductible)	\$6,450	\$5,000	\$6,000	\$5,000
<b>Family</b>	Calendar Year Deductible	\$10,000	\$8,000	\$6,000	\$4,500
	Out of Pocket Maximum (includes deductible)	\$12,900	\$10,000	\$12,000	\$10,000
<b>Benefit Highlights</b>					
	Office Visit	Deductible, then 0%	Deductible, then 0%	Deductible, then 20%	\$30 - Primary \$50 - Specialist
	Coinsurance (amount you pay after deductible)	0%	0%	20%	20%
	Emergency Room	Deductible, then 0%	Deductible, then 0%	Deductible, then 20%	\$250 copay
	RX	\$15/\$45/\$75/25% W \$400 max after deductible. Extra \$1,450 Ind. / \$2,900 Family	\$15/\$45/\$75/25% W \$400 max after deductible. Extra \$1,000 Ind. / \$2,000 Family	Deductible, then 20%	\$10/\$35/\$75/ 25% to \$150 max Tier 2 and Tier 3 Rx only: \$200 calendar year deductible
	Preventive Rx.	No Deductible; No coinsurance - for certain Preventive Rx. See List	No Deductible; No coinsurance - for certain Preventive Rx. See List	No Deductible; No coinsurance - for certain Preventive Rx. See List	N/A
	Preventive Care including (but not limited to) routine exams, mammogram, PSA test, immunizations.	No Deductible; No coinsurance	No Deductible; No coinsurance	No Deductible; No coinsurance	No copayment; No coinsurance

**Summary of Benefits and Coverage (SBCs) are available at [www.ftjconnect](http://www.ftjconnect)  
 See the SBCs for more plan details including out of network benefits.**