

Medical Insurance

The self-funded medical plan administered by Allegiance Benefit Plan Management through the Cigna Network includes three plans from which to choose. They include the original two plans: (1) Core (Open Access Plus) Plan and (2) Basic (Open Access Plus) Plan and (3) the new plan, a High Deductible Plan. Please note that you do receive lower rates if you are participating in the Personal Health Assessment (PHA) wellness program. For information and to locate providers, go to www.askallegiance.com/nisd.

CORE

Core Plan with PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$831.00	(\$325.00)		(\$25.00)	\$481.00
Employee + Spouse	\$1,747.00	(\$325.00)	(\$325.00)	(\$50.00)	\$1,372.00
Employee + Children	\$1,455.00	(\$325.00)		(\$25.00)	\$1,105.00
Employee + Family	\$2,073.00	(\$325.00)	(\$325.00)	(\$50.00)	\$1698.00

Core Plan without PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$831.00	(\$325.00)		\$0.00	\$506.00
Employee + Spouse	\$1,747.00	(\$325.00)	(\$325.00)	\$0.00	\$1,422.00
Employee + Children	\$1,455.00	(\$325.00)		\$0.00	\$1,130.00
Employee + Family	\$2,073.00	(\$325.00)	(\$325.00)	\$0.00	\$1,748.00

BASIC

Basic Plan with PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$565.00	(\$325.00)		(\$25.00)	\$215.00
Employee + Spouse	\$1,107.00	(\$325.00)	(\$325.00)	(\$50.00)	\$732.00
Employee + Children	\$973.00	(\$325.00)		(\$25.00)	\$623.00
Employee + Family	\$1,394.00	(\$325.00)	(\$325.00)	(\$50.00)	\$1,019.00

Basic Plan without PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$565.00	(\$325.00)		\$0.00	\$240.00
Employee + Spouse	\$1,107.00	(\$325.00)	(\$325.00)	\$0.00	\$782.00
Employee + Children	\$973.00	(\$325.00)		\$0.00	\$648.00
Employee + Family	\$1,394.00	(\$325.00)	(\$325.00)	\$0.00	\$1,069.00

HIGH DEDUCTIBLE

High Deductible Plan with PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$450.00	(\$325.00)		(\$25.00)	\$100.00
Employee + Spouse	\$858.00	(\$325.00)	(\$325.00)	(\$50.00)	\$483.00
Employee + Children	\$774.00	(\$325.00)		(\$25.00)	\$424.00
Employee + Family	\$1,098.00	(\$325.00)	(\$325.00)	(\$50.00)	\$723.00

High Deductible Plan without PHA (monthly rates)	2017-2018 Premium	NISD District Contribution	District Couple*	PHA Participation Incentive	Adjusted Premium
Employee Only	\$450.00	(\$325.00)		\$0.00	\$125.00
Employee + Spouse	\$858.00	(\$325.00)	(\$325.00)	\$0.00	\$533.00
Employee + Children	\$774.00	(\$325.00)		\$0.00	\$449.00
Employee + Family	\$1,098.00	(\$325.00)	(\$325.00)	\$0.00	\$773.00

* District couple + Child(ren) means BOTH parents are employed by Northwest ISD.

This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.