Featured plans and rates

SCHOOL DISTRICT OF TURTLE LAKE
Group Number: L12686
Effective January 01, 2026 through December 31, 2026

Anthem

Quote: 04194-4

Renewal highlights
Total enrolled medical employees: 40
Total enrolled medical members: 110

		Select Plan	Blue Preferred Plus POS HSA Option 1 with Rx Option T4 WI-LG-RX T4 (PrevRx at Zero Cost Share) 9H63	Blue Preferred Plus POS HSA Option E3 with Rx Option T4 WI-LG-RX T4 (PrevRx at Zero Cost Share) 9GYB	Blue Preferred Plus POS HSA Option E2 with Rx Option T4 WI-LG-RX T4 (PrevRx at Zero Cost Share) 9H3M
			Standard	Standard	Standard
Medical benefit category	In-Network	Deductible (individual/family)	$2,500/$5,000/Both Plan Year and Calendar Year /Not Embedded	$5,000/$10,000/Both Plan Year and Calendar Year /Embedded	$3,400/$6,800/Both Plan Year and Calendar Year /Embedded
		Coinsurance	0%	0%	0%
		Out-of-pocket maximum (individual/family)	$4,000/$8,000	$6,650/$13,300	$4,000/$8,000
		Office Visit (PCP/Specialist/Preferred PCP) Copay	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins
		Inpatient hospital copay	Ded & Coins	Ded & Coins	Ded & Coins
		Emergency room/urgent care copay	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins
		Prescription drugs – retail	Med Ded $0/$10/$50/$80/$400	Med Ded $0/$10/$50/$80/$400	Med Ded $0/$10/$50/$80/$400
		Prescription drugs – mail order	Med Ded $0/$20/$125/$200/$400	Med Ded $0/$20/$125/$200/$400	Med Ded $0/$20/$125/$200/$400
	Out-of-Networ	Deductible (individual/family)	$5,000/$10,000	$10,000/$20,000	$6,800/$13,600
		Coinsurance	30%	30%	30%
		Out-of-pocket maximum (individual/family)	$8,000/$16,000	$13,300/$26,600	$8,000/$16,000
		Commission (PCPM)	$30	$30	$30
		Funding	Fully Insured	Fully Insured	Fully Insured

		Employees	Current Rates	Monthly Rates	Employees	Current Rates	Monthly Rates	Employees	Current Rates	Monthly Rates
Total	Employee	1	$793.23	**$821.01**	5	$706.24	**$738.72**	5	$778.32	**$806.38**
	Employee + Family	3	$1,791.91	**$1,854.67**	9	$1,595.4	**$1,668.77**	17	$1,758.23	**$1,821.61**
	Total Employees/Monthly Premium	4	$6,169	**$6,385**	14	$17,890	**$18,713**	22	$33,782	**$34,999**
	Annual Premium		$74,028	**$76,620**		$214,678	**$224,550**		$405,378	**$419,991**
	Premium Action		**3.50%**			**4.60%**			**3.60%**	

Overall Total Annual Premium	Current Premium	Renewal Premium
Overall Premium Action	$694,083.24	$721,161.84
	3.90%	

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____
Date: _____

The above rates may be adjusted if a year one discount for the purchase of specialty products applies, or additional services are purchased, such as riders or engagement packages.

Please refer to the Statement of Benefits for detailed information on benefit attributes, especially for Tiered benefit designs or which services are before or after deductible.

The Assumptions and Conditions must be met for the rates to be valid. Please refer to the Assumptions and Conditions section for details.