



## Coverage and Premium Summary

1/1/2022

Annual Policy Deductible per covered (Subject to HRA)	\$1,000/\$2,000
Hospital Inpatient/Outpatient Benefit	\$4,000/\$8,000
Physician Office Charges (Subject to HRA)	Covered
Gap Policy Coinsurance	100%
Primary Health Plan: Pelican HRA 1000	
Deductible	\$2,000/\$4,000
Out of Pocket	\$5,000/\$10,000
Coinsurance	80%

*After policy deductible is met this plan will pay 100% of eligible Hospital Inpatient, Outpatient and Physician charges not to exceed the stated benefit per covered.*

<u>Monthly Premium</u>	<u>DISTRICT</u>	<u>EMPLOYEE</u>
Employee	\$44.68	\$0.00
Employee/Spouse	\$98.28	\$0.00
Employee/Child(ren)	\$82.64	\$0.00
Family	\$136.24	\$0.00