

2014 Insurance Certified

WEBT

DISTRICT NAME:	Carbon County #1
LOCATION:	Rawlins, WY

	Plan 3		Plan 5		Plan HSA 2500	
Deductible Amount	Single \$1,000	Family \$2,000	Single \$2,500	Family \$5,000	Single \$2,500	Family \$5,000 single in family is
Co-Insurance	80% to \$7500	80% to \$7500	80% to \$7500	80% to \$7500	80% to \$7500	\$5,000 80% to \$7500
Out of Pocket(Incl. Deductible)	Single \$2,500	Family \$5,000	Single \$4,000	Family \$8,000	Single \$4,000	Family \$8,000
Plan Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Dr. Office Co-Pay	\$35	\$35	\$50	\$50	Deductible & Co-Insurance	
Prescription Drugs	\$1500 per calendar year out of pocket maximum Retail for 30 day supply: Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%		\$1500 per calendar year out of pocket maximum Retail for 30 day supply: Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%		Deductible & Co-Insurance	
EMPLOYEE SINGLE		\$173.22		\$116.44		\$94.20
EMPLOYEE FAMILY		\$435.05		\$315.06		\$268.48
EMPLOYER SINGLE		\$568.42		\$560.15		\$556.59
EMPLOYER FAMILY		\$1,151.82		\$1,134.50		\$1,127.25
PREMIUM SINGLE		\$741.64		\$676.59		\$650.79
PREMIUM FAMILY		\$1,586.87		\$1,449.56		\$1,395.73

2014 Insurance Support & Administration

DISTRICT NAME: Carbon County #1
LOCATION: Rawlins, WY

	Plan 3		Plan 5		Plan HSA 2500	
<u>Deductible Amount</u>	Single \$1,000	Family \$2,000	Single \$2,500	Family \$5,000	Single \$2,500	Family \$5,000 <small>single in family is</small>
<u>Co-Insurance</u>	80% to \$7500	80% to \$7500	80% to \$7500	80% to \$7500	80% to \$7500	\$5,000 80% to \$7500
<u>Out of Pocket(Incl. Deductible)</u>	Single \$2,500	Family \$5,000	Single \$4,000	Family \$8,000	Single \$4,000	Family \$8,000
<u>Plan Max</u>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<u>Dr. Office Co-Pay</u>	\$35	\$35	\$50	\$50	Deductible & Co-Insurance	
<u>Prescription Drugs</u>	\$1500 per calendar year out of pocket maximum Retail for 30 day supply: Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%		\$1500 per calendar year out of pocket maximum Retail for 30 day supply: Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%		Deductible & Co-Insurance	
EMPLOYEE SINGLE	\$139.83		\$82.83		\$60.50	
EMPLOYEE FAMILY	\$369.24		\$249.03		\$202.29	
EMPLOYER SINGLE	\$601.81		\$593.76		\$590.29	
EMPLOYER FAMILY	\$1,217.63		\$1,200.53		\$1,193.44	
PREMIUM SINGLE	\$741.64		\$676.59		\$650.79	
PREMIUM FAMILY	\$1,586.87		\$1,449.56		\$1,395.73	

