

**Gideon 37**  
**Effective :** 42,917.00

**NETWORK** Open Access Plus  
**REGION** South Central/Southeast  
**TIER** 1.00



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

**User Name:** 165firstnamelastname

**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 2500
<b>MONTHLY PREMIUM - EMPLOYEE</b>		362.00	382.00	401.00	552.00
<b>DISTRICT PAYS</b>	What <i>YOUR DISTRICT</i> pays per employee per month	362.00	382.00	401.00	501.66
	What <i>YOUR DISTRICT</i> contributes to your personal HSA per month	125.00	100.00	75.00	N/A
	<b>ANNUAL HSA CONTRIBUTION</b>	1,500.00	1,200.00	900.00	N/A
<b>Employee: TOTAL AMOUNT YOU PAY PER MONTH</b>	Employee Only	0.00	0.00	0.00	50.34
	Employee + Spouse	398.00	420.00	441.00	657.34
	Employee + One child	181.00	191.00	201.00	326.34
	Employee + 2 or More Children	308.00	325.00	341.00	519.34
	Emp + Sp + One Child	579.00	611.00	642.00	933.34
	Emp + Sp + 2 or More Children	706.00	745.00	782.00	1,126.34
Is this plan Medicare Creditable? See Details		NO	NO	YES	YES

**HSA Maximum for 2017**

Individual	3,400.00
Family	6,750.00
Annual Catch up contribution for those age 55 and over	1,000.00

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 **Gideon 37**  
 NETWORK **Open Access Plus**  
 REGION **South Central/Southeast**  
 TIER **1**  
 EFFECTIVE DATE **7/1/2017**

		HSA5000	HSA4000	HSA 3000	PPO 2500
<b>IN NETWORK BENEFITS</b>					
<b>Individual</b>	Calendar Year Deductible	\$5,000	\$4,000	\$3,000	\$2,500
	Out of Pocket Maximum (includes deductible)	\$6,450	\$5,000	\$6,000	\$6,000
<b>Family</b>	Calendar Year Deductible	\$10,000	\$8,000	\$6,000	\$7,500
	Out of Pocket Maximum (includes deductible)	\$12,900	\$10,000	\$12,000	\$12,000
<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.**