

# ANGLICAN CHURCH IN NORTH AMERICA

Medical Rates and Plans

## UnitedHealthcare

### Medical Rates and Plan Designs 2017/2018 plan year

Group Name: Anglican Church in North America  
 Group Number: 752202  
 Effective Date: September 1, 2017

#### Plan Name

Product  
 Option  
 HRA or HSA  
**Benefits\***  
 Office Copay (PCP/SPC)  
 Hospital Copays  
 UC/ER/Major Diag Copay  
 Other  
 Deductible  
 Coinsurance  
 Out-of-Pocket  
 Pharmacy

Deductible  
 Coinsurance  
 Out of Pocket

#### Rates

Employee  
 Employee + Spouse  
 Employee + Child(ren)  
 Employee + Family

Choice Plus PPO Silver	Choice Plus PPO Bronze	Choice Plus HSA
AS-ZJ (UHIC-Emb Ded) Rx Plan: AT	AS-ZL (UHIC-Emb Ded) Rx Plan: 6M	AF-AR Mod (HSA / Emb Ded / Int Rx) Rx Plan: 2V-HSA
Choice + Insurance *	Choice + Insurance *	Choice + Insurance *
No	No	HSA
Network Single/Family	Network Single/Family	Network Single/Family
PCP \$30, SPC \$50	PCP \$30, SPC \$60	PCP D&C, SPC D&C
OP \$250 per occur till D, IP \$500 per occur till D	OP D&C, IP D&C	OP D&C, IP D&C
UC \$75, ER \$250, Maj Diag \$150	UC \$75, ER \$150, Maj Diag \$150	UC D&C, ER D&C, Maj Diag D&C
NO ENRP	NO ENRP	NO ENRP
\$2000/\$4000 (Emb)	\$2500/\$5000 (Emb)	\$3500/ \$7000 (Emb)
100%	70%	80%
\$5000/\$10000	\$6250/\$12500	\$5000/ \$10000
\$100/\$300 Ded, \$10/35/70; 2.5x	\$100/\$300 Ded, \$10/35/60; 2.5x	Integrated \$10/35/60, after Ded.; 2.5x
Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
\$4000/\$8000 (Emb)	\$4000/\$8000 (Emb)	\$5000/ \$10000 (Emb)
80%	50%	70%
\$8000/\$16000	\$10000/\$20000	\$6000/ \$12000
Monthly Premium Costs	Monthly Premium Costs	Monthly Premium Costs
<b>\$897.23</b>	<b>\$840.35</b>	<b>\$660.90</b>
<b>\$2,108.04</b>	<b>\$1,974.37</b>	<b>\$1,552.67</b>
<b>\$1,705.32</b>	<b>\$1,597.25</b>	<b>\$1,256.30</b>
<b>\$2,467.84</b>	<b>\$2,311.42</b>	<b>\$1,817.93</b>

#### Vision

See plan summary for details of coverage

##### Non-Optional Standard Vision

Included on all health policies.

Cost is included in plan rates as stated above.

Employee	\$1.33
Employee + Spouse	\$2.68
Employee + Child (ren)	\$3.14
Employee + Family	\$4.10

##### Optional Vision Plus Materials

Cost will be added as a separate line item at billing.

	\$6.50
	\$12.50
	\$14.50
	\$19.50

#### Eligibility and enrollment information:

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