



**SUMMARY**

**SALA Healthcare Program - Plan Option 1:  
Apex HDHP/Basic MEC (with HSA) + Sedera Medical Cost Sharing**

- The Apex HDHP/Basic MEC plans are paired with Sedera Level 1 pricing.
- Choose one of the Apex HDHP/Basic MEC (with HSA) plans on page 2
  - Choose one of the Sedera Medical Cost Sharing plans on page 3
- **To calculate your total monthly cost, add the Apex plan cost from page 2 to the Sedera plan cost on page 3.**


**Apex HDHP / Basic MEC Plan:** Provides 100% coverage for preventive care services and a framework for a Health Savings Account (HSA).

<p><u>Preventative Care:</u>          21 Preventive Care services for Adults          28 Preventive Care services for Women          31 Preventive Care Services for Children  <a href="#">Click here</a> to view a complete list of covered preventative care services, as required by PPACA.</p> <p>Provides Framework for HSA          Deductible: \$3,000 Member/ \$6,000 Member + Family          80/20 Coinsurance          Max Out-of-Pocket: \$6,750 Member / \$13,300 Member + Family          HSA Eligible          Covered Medical Services under HDHP          + Primary Care Office Visits          + Urgent Care Visits          + Laboratory Services</p>	<p><u>Tax Advantaged Medical Savings Account:</u>          Contributions are 100% deductible          Employee and employer can contribute pre-tax          Withdrawals for qualified medical expenses never taxed          Interest earned grows tax-deferred          Unused funds roll over at year-end</p> <p><u>Qualified Medical Expenses:</u>          Dental          Vision          Prescription          Doctor Visits</p> <p><u>Annual Contributions Levels for 2018:</u>          \$3,450 Individual          \$6,900 Families          Individuals 55+ can contribute an additional \$1,000</p>
--	---

**Sedera Health Medical Cost Sharing:** is not insurance and is specific to the Sedera Health membership community. Medical cost sharing is a group of people who come together to share each other’s medical costs when they become unaffordable. Originally ministry based, this successful model has been around for over thirty years with a proven track record.

Members are responsible for their Initial Unshareable Amount (IUA) for up to 3 needs per individual per year or 5 needs per individual & dependent(s) per year. There are no IUAs for subsequent needs.

# Schedule of Benefits

	<b>HDHP / Basic MEC Plan</b>
PPO Network: PHCS	
Annual Deductible	\$3,000 Ind / \$6,000 Family
Coinsurance	80% of Negotiated Rate
Annual Out-of-Pocket maximum	\$6,650 Ind / \$13,300 Family
<b>HSA Compatible</b>	<b>Yes</b>
Covered Medical Services (HDHP)	Physician Office Visit (Primary Care), Laboratory Services, Urgent Care Only

**Preventive Benefits – Covers all mandated Preventive benefits required by PPACA**  
 For a complete list of covered preventive care services, please visit: [www.Healthcare.gov/center/regulations/prevention.html](http://www.Healthcare.gov/center/regulations/prevention.html)

21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	

<b>Monthly Contributions</b>	
Member Only	\$71.43
Member + Spouse	\$102.04
Member + Child(ren)	\$102.04
Member + Family	\$102.04






### SEDERA ACCESS Level 1 Pricing (Per Month)

**Non-Tobacco Use (Tobacco use add \$75 Surcharge)**

\$500 Initial Unshareable Amount (IUA)

	18-29	30-39	40-49	50-59	60-64
Member Only	186.73	214.28	240.81	294.90	537.75
M + Spouse	359.18	413.26	467.34	575.51	1,061.22
M + Child(ren)	346.94	397.96	448.98	552.04	1,013.26
M + Family	523.47	602.04	680.61	836.73	1,541.82

\$1,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	178.57	205.10	214.28	259.18	475.51
MS	340.81	394.89	413.26	503.06	934.69
MC	329.59	380.61	295.92	483.67	893.87
MF	497.96	575.51	602.04	732.65	1,359.17

\$1,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	160.20	186.73	195.92	240.81	447.96
MS	305.10	359.18	377.55	467.34	881.63
MC	294.90	346.94	363.26	448.98	842.85
MF	444.89	523.47	550.00	680.61	1,280.60

\$2,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	141.84	155.10	172.45	217.35	407.14
MS	269.39	293.88	330.61	420.40	797.95
MC	261.22	284.69	319.39	405.10	764.28
MF	392.85	429.59	481.63	612.24	1,160.19

\$5,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	106.12	133.67	148.98	172.45	329.59
MS	196.94	251.02	283.67	330.61	643.87
MC	192.86	243.88	274.49	319.39	616.32
MF	288.77	367.34	414.28	481.63	935.71

**Members will pay IUAs for up to 3 needs/individual/year or 5 needs/individual plus dependent(s)/year.  
There are no IUAs for subsequent needs.**