



NORTH CAROLINA CHARTER AND PRIVATE SCHOOL HEALTH PROGRAM

Health benefit costs rank as one of the top concerns for both public school districts and private schools today. This program provides school districts with a strategic health benefits solution. By offering affordable coverage along with proactive cost management & staff wellness features, school can strategically manage healthcare costs while still maximizing staff benefits.



HealthyChoice Healthy100 HealthyValue HealthyConsumer

Deductible	\$1000/1500/2000/2500	\$2500/3000/3500/5000	\$2500/3500/6850/10,000	\$3000/3500/5000/6500
Lifestyle Deductible	\$500 Deductible Credit	\$500 Deductible Credit	\$500 Deductible Credit	\$500 Deductible Credit
Co-insurance	80/20	None	50/50 None	None
Office Visits Copay	\$30 / \$50	\$30 / \$50	\$30 / \$50	\$30 ¹ / \$50 ¹
Hospital ER Visits ²	\$250 Copay	\$250 Copay	\$250 Copay	Deductible / Co-insurance
Urgent Care Visits ³	\$50 Copay	\$50 Copay	\$50 Copay	Deductible / Co-insurance
Rx Drug Benefits Copay	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80 ¹
Allergy Treatment	\$25 Copay	\$25 Copay	\$25 Copay	Deductible / Co-insurance
Diabetic Testing Supplies	100% if preferred vendor	100% if preferred vendor	100% if preferred vendor	Deductible / Co-insurance
Telemedicine Consult	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Lab Testing	100% if preferred vendor	100% if preferred vendor	100% if preferred vendor	Deductible / Co-insurance

Questions?

To learn more about the program or to receive a proposal, contact:

TOM VAN POPERING at
(704) 543-1544 ext. 405 or email
Tom@vpinsure.com

SAMPLE MEDICAL RATES

Each client group will go through underwriting. Premiums may be higher or lower based on underwriting results.

PLAN OPTION	HealthyChoice 1500	Healthy100 3000	HealthyValue 6850	HealthyConsumer 5000
Employee Only	\$391.27	\$366.61	\$308.25	\$297.15
Employee / Spouse	\$841.23	\$788.22	\$662.74	\$638.88
Employee / Child(ren)	\$762.98	\$714.89	\$601.09	\$579.45
Family	\$1,162.08	\$1,088.84	\$915.50	\$882.54

¹ After deductible is met. ²After Copay then 100% to \$500 per visit, then Deductible/Co-insurance. ³Hospital ER Facility Charge Only, after Copay then Deductible/Co-insurance. Copay is waived if admitted. * Groups of 4-9 employees can choose two plans. Groups of 10-25 employees can choose three plans. Groups of 26+ employees can choose up to four plans. ** Eligibility for all plans is 30 hours. Plans are underwritten by our re-insurance partners and utilize various provider networks throughout the country. Contact your Lifestyle Sales Representative for more details.

