

January 1, 2019 – December 31, 2019: Kettle Moraine School District Plan Comparisons

In-Network Benefits

For Information on Non-Network claims please refer to your SPD

	Plan A HSA	Plan B HSA	Plan C PPO
Single Deductible	\$5,000	\$2,700	\$2,000
Family Deductible*	\$10,000	\$5,400	\$4,000
Coinsurance	100%	80%	80%
Single Out of Pocket Max (Includes Deductible, Medical Copays and Rx)	\$5,000	\$5,000	\$6,000
Family Out of Pocket Max* (Includes Deductible, Medical Copays and Rx)	\$10,000	\$10,000	\$12,000
Primary Care Dr. Copay	Deductible then 100%	Deductible then \$40 copay	Deductible then 80%
Specialist Copay	Deductible then 100%	Deductible then \$70 copay	Deductible then 80%
Preventive Services	100%	100%	100%
Urgent Care	Deductible then 100%	Deductible then \$75 copay	Deductible then 80%
Emergency Room	Deductible then 100%	Deductible then \$250 copay	Deductible then 80%
Embedded Deductible and Out of Pocket*	Embedded	Embedded	Embedded
Prescription Drugs			
Tier 1	Deductible then 100%	Deductible then \$10 copay	\$10 copay
Tier 2	Deductible then 100%	Deductible then \$50 copay	\$50 copay
Tier 3	Deductible then 100%	Deductible then \$75 copay	\$75 copay
Tier 4	Deductible then 100%	Deductible then 25%	25% copay
Network	Blue Priority	Blue Priority	Blue Priority
Employee Monthly Premium Cost			
Single	\$14.00	\$40.00	\$80.00
Family	\$60.00	\$130.00	\$260.00
HSA Monthly Contribution			
Single	\$40/Month	\$0	\$0
Family	\$115/Month	\$0	\$0

*Embedded means that each individual in a family is capped at the single thresholds. A family will not collectively exceed the family thresholds.

