

# January 1, 2020 – December 31, 2020: 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	\$4,000**	\$2,800	\$2,000
Family Deductible*	\$8,000**	\$5,600	\$4,000
Coinsurance	100%	80%	80%
Net Single Out of Pocket Max (Includes Deductible, Medical Copays and Rx)	\$4,000**	\$5,000	\$6,000
Net Family Out of Pocket Max* (Includes Deductible, Medical Copays and Rx)	\$8,000**	\$10,000	\$12,000
Primary Care Dr. Copay	Deductible then 100%	Deductible then 80%	Deductible then 80%
Specialist Copay	Deductible then 100%	Deductible then 80%	Deductible then 80%
Preventive Services	100%	100%	100%
Urgent Care	Deductible then 100%	Deductible then 80%	Deductible then 80%
Emergency Room	Deductible then 100%	Deductible then 80%	Deductible then 80%
Embedded Deductible and Out of Pocket*	Embedded	Embedded	Embedded
<b>Prescription Drugs</b>			
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	NPOS	NPOS	NPOS
<b>Employee Monthly Premium Cost</b>			
Single	\$14.00	\$40.00	\$80.00
Family	\$60.00	\$130.00	\$260.00
<b>HSA Monthly Contribution</b>			
Single	\$45/Month	\$0	\$0
Family	\$130/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.

\*\*District provided HRA (Health Reimbursement Arrangement) to cover additional deductible and coinsurance costs.





# My Healthcare Dollars and Cost

## Connecting the Dots

In addition to your preventive services on all plans, the first dollars of your health care benefits are free on Plan A!

	Single Deductible	First Dollar Coverage (KMSD Annual HSA Contribution)	Out of Pocket Max (includes Deductible)	Annual Premium	Total Out of Pocket Cost (Claims + Premium – HSA Contribution)	
					\$500 of Deductible Claims	\$50,000 of Deductible Claims
<b>Single Plan</b>						
Plan A	\$4,000**	\$540	\$4,000**	\$168	\$128	\$3,628
Plan B	\$2,800	N/A	\$5,000	\$480	\$980	\$5,480
Plan C	\$2,000	N/A	\$6,000	\$960	\$1,460	\$6,960
<b>Family Plan</b>						
					\$1,000 of Deductible Claims	\$50,000 of Deductible Claims
Plan A	\$8,000**	\$1,560	\$8,000**	\$720	\$160	\$7,160
Plan B	\$5,600	N/A	\$10,000	\$1,560	\$2,560	\$11,560
Plan C	\$4,000	N/A	\$12,000	\$3,120	\$4,120	\$15,120

\*\*HRA (Health Reimbursement Arrangement): **Single Plan** Reimburses Last \$1,000 of \$5,000 Deductible, Plus Coinsurance; **Family Plan** Reimburses Last \$2,000 of \$10,000 Deductible, Plus Coinsurance;

Did you know that in 2019, 74% of KMSD members spent less than \$1,000 on Medical and Rx claims?  
81% of members spent less than \$2,000!