

January 1, 2021 – December 31, 2021: 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	\$3,600**	\$2,800	\$2,000
Family Deductible*	\$7,200**	\$5,600	\$4,000
Coinsurance	100%	80%	80%
Net Single Out of Pocket Max (Includes Deductible, Medical Copays and Rx)	\$3,600**	\$5,000	\$6,000
Net Family Out of Pocket Max* (Includes Deductible, Medical Copays and Rx)	\$7,200**	\$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
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	NPOS	NPOS	NPOS
Employee Monthly Premium Cost			
Single	\$14.00***	\$40.00***	\$80.00***
Family	\$60.00***	\$130.00***	\$260.00***
HSA Monthly Contribution			
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.

***2021 Monthly Premium will be reduced by \$7 Single; \$30 Family for employees who reach Go365 Gold/Platinum Status by 9/30/2020



Kettle Moraine School District
Learning Without Boundaries