

School District of Mishicot

Basic Plan - HMO	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$1,000	NA
Family	\$2,000	NA
Out-of-Pocket Maximum		
Single	\$3,000	NA
Family	\$6,000	NA
Coinsurance	90%	NA
Office Visit		
Primary/Specialist Care Physician	\$25 Copay	NA
Preventive Care	Select Services Covered in Full	NA
Virtual Visits (MD Live)	\$0	NA
Urgent Care	\$100, then Deductible & Coinsurance	NA
Emergency Room	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	NA
Prescription Coverage		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
Monthly Rates		
Employee	\$681.98	
Employee/Spouse	\$1,363.95	
Employee/Child(ren)	\$1,295.76	
Family	\$1,623.10	
Buy Up Plan - POS	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-of-Pocket Maximum		
Single	\$3,000	\$5,000
Family	\$6,000	\$10,000
Coinsurance	90%	70%
Office Visit		
Primary/Specialist Care Physician	\$25 Copay	Deductible & Coinsurance
Preventive Care	Select Services Covered in Full	Deductible & Coinsurance
Virtual Visits	\$0	NA
Urgent Care	\$100, then Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Coverage		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
Monthly Rates		
Employee	\$798.42	
Employee/Spouse	\$1,596.83	
Employee/Child(ren)	\$1,517.01	
Family	\$1,900.23	