

Dean HRA PPO Plan - Residents of Walworth Co. & Illinois

Effective 7/1/21

School District of Milton

	In-Network - You Pay	Out of Network - You Pay
Deductible	\$2,000 Single / \$4,000 Family	\$4,000 Single / \$8,000 Family
Coinsurance	0% after the deductible	20% after the deductible
Deductible and Coinsurance Limit	\$2,000 Single / \$4,000 Family	\$8,000 Single / \$16,000 Family
Out-of-Pocket Max (Deductible, Coinsurance, Medical and Prescription Copays)	\$7,150 Single / \$14,300 Family	\$14,300 Single / \$28,600 Family
Office Visits	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Preventive Care	\$0 Copay	20% Coinsurance after the Deductible
Inpatient Hospital Services	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Outpatient Hospital Services	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Urgent Care	0% Coinsurance after the Deductible	0% Coinsurance after the In-Network Deductible
Emergency Room - Copay is waived if admitted	\$100 Copay and/or 0% Coinsurance after Deductible	\$100 Copay and/or 0% Coinsurance after In-Network Deductible
Ambulance	\$0 Copay	\$0 Copay
Diagnostic Services (Labs / Xrays)	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
CAT Scans / MRI	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Mental Health Inpatient / Day Treatment Programs / Outpatient	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Durable Medical Equipment	0% Coinsurance after the Deductible	50% Coinsurance after Deductible, not subject to Out of Pocket Maximum
Physical, Speech and Occupational Therapy	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Retail Prescription Drugs		
Tier 1	\$10 Copay	50% Coinsurance
Tier 2	\$20 Copay	50% Coinsurance
Tier 3	\$50 Copay	Not Covered
Tier 4	Not Covered	Not Covered

Single HRA Reimbursement Levels

First \$100 of in-network deductible expenses: Employee Responsibility

Next \$1,900 of in-network deductible expenses: Reimbursed by the HRA

Family HRA Reimbursement Levels

First \$200 of in-network deductible expenses: Employee Responsibility

Next \$3,800 of in-network deductible expenses: Reimbursed by the HRA