

MEDICAL PLAN

OPTION 1: HMO COPAY PLAN- BASE PLAN

You have several medical plan options to choose from. Your first option is an HMO Copay Plan. An HMO gives you access to certain doctors and hospitals within its network. You do not have out-of-network coverage. Below is a high-level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
DISTRICT FUNDED HRA		
Single	\$1,000	
Family	\$2,000	
Deductible and Coinsurance Limit		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
Out-of-Pocket Maximum		
Single	\$6,850	Not Covered
Family	\$13,700	Not Covered
Coinsurance		
	100%	Not Covered
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered in Full	Not Covered
Primary Care Office Visit	\$20 Copay	Not Covered
Specialty Care Office Visit	\$20 Copay	Not Covered
Partnered Health Location Visit	\$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	\$20 Copay and/or Deductible	
Emergency Care	\$200 Copay and/or Deductible (Copay waived if admitted)	
RETAIL PRESCRIPTION DRUGS		
Tier 1	\$20 Copay	Not Covered
Tier 2	\$40 Copay	Not Covered
Tier 3	\$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

Please reference page 18 for premium information.

MEDICAL PLAN (continued)

OPTION 2: POS COPAY PLAN – BUY-UP PLAN

Your second option is a Point of Service (POS) option. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. Out-of-network services will be processed at the out-of-network coverage level noted below. Below is a high-level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Deductible and Coinsurance Limit		
Single	\$2,000	\$5,000
Family	\$4,000	\$10,000
DISTRICT FUNDED HRA		
Single		\$1,000
Family		\$2,000
Out-of-Pocket Maximum		
Single	\$6,850	\$5,000
Family	\$13,700	\$10,000
Coinsurance		
	100%	80%
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Deductible & Coinsurance
Primary Care Office Visit	\$20 Copay	Deductible & Coinsurance
Specialty Care Office Visit	\$20 Copay	Deductible & Coinsurance
Partnered Health Location Visit	\$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
URGENT CARE & ER SERVICES		
Urgent Care	\$20 Copay and/or Deductible	
Emergency Care	\$200 Copay and/or Deductible (Copay waived if admitted)	
RETAIL PRESCRIPTION DRUGS		
Tier 1	\$20 Copay	50% Coinsurance
Tier 2	\$40 Copay	50% Coinsurance
Tier 3	\$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered

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MEDICAL PLAN (continued)

OPTION 3: POS HDHP PLAN – BUY-UP PLAN

Your third option is a High Deductible Health Plan that offers lower premiums than a copay plan, but you will pay more before the plan starts to cover some of your costs. This option gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. This plan has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for qualified health care expenses.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Deductible and Coinsurance Limit		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
DISTRICT HSA CONTRIBUTION		
Single		\$500
Limited Family		\$750
Family		\$1,000
Out-of-Pocket Maximum		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
Coinsurance		
	100%	80%
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Deductible & Coinsurance
Primary Care Office Visit	Deductible	Deductible & Coinsurance
Specialty Care Office Visit	Deductible	Deductible & Coinsurance
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
URGENT CARE & ER SERVICES		
Urgent Care		Deductible & Coinsurance
Emergency Care		Deductible & Coinsurance
RETAIL PRESCRIPTION DRUGS		
Tier 1	Deductible	Deductible & Coinsurance
Tier 2	Deductible	Deductible & Coinsurance
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Deductible & Coinsurance

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Please reference page 18 16for premium information.

MEDICAL PLAN (continued)

OPTION 4: HMO HDHP PLAN – BUY-DOWN PLAN

Your fourth option is a High Deductible Health Plan that offers lower premiums than a copay plan, but you will pay more before the plan starts to cover some of your costs. This plan is an HMO and gives you access to certain doctors and hospitals within its network. You do not have out-of-network coverage. This plan has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for qualified health care expenses.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
DISTRICT HSA CONTRIBUTION		
Single	\$500	
Limited Family	\$750	
Family	\$1,000	
Deductible and Coinsurance Limit		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
Out-of-Pocket Maximum		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
Coinsurance		
	100%	Not Covered
Dependent Eligibility		To Age 26 (end of month)
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care		Deductible
Emergency Care		Deductible
RETAIL PRESCRIPTION DRUGS		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered

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MEDICAL PLAN (continued)

OPTION 5: HMO HDHP PLAN – BUY-DOWN PLAN

Your fifth option is a High Deductible Health Plan that offers lower premiums than a copay plan, but will pay more before the plan starts to cover some of your costs. This plan is an HMO and gives you access to certain doctors and hospitals within its network. You do not have out-of-network coverage. This plan has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for qualified health care expenses.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
DISTRICT HSA CONTRIBUTION		
Single	\$500	
Limited Family	\$750	
Family	\$1,000	
Deductible and Coinsurance Limit		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
Out-of-Pocket Maximum		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
Coinsurance	100%	Not Covered
Dependent Eligibility	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	Deductible	
Emergency Care	Deductible	
RETAIL PRESCRIPTION DRUGS		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered

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