



Columbus School District Health Insurance Benefit Comparison

Effective Date: 7/1/2017

| Health Carrier | Dean Health Plan | | Dean Health Plan | | |
|----------------------------------|---------------------------|---|--------------------|---|--------------------|
| Insurance Type | HMO Plan 1-3 | | POS Plan 2-1 | | |
| Provider Network: | Dean Health Plan | | Dean Health Plan | | |
| Deductible | In Network | Single \$200 | Family \$400 | Single \$200 | Family \$400 |
| | Out of Network | Does Not Apply | | \$200 | \$400 |
| Co-Insurance | In Network | 100% after Deductible | | 100% after Deductible | |
| | Out of Network | Does Not Apply | | 80/20 to Out of Pocket Max | |
| Maximum Out-of-Pocket | In Network | Single \$200 | Family \$400 | Single \$200 | Family \$400 |
| | Out of Network | Does Not Apply | | \$800 | \$1,600 |
| ACA Maximum Out-of-Pocket | In Network | Single \$6,850 | Family \$13,700 | Single \$6,850 | Family \$13,700 |
| | Out of Network | Does Not Apply | | \$13,700 | \$27,400 |
| Office Visits | In Network | PCP \$25 Copay | Specialist | PCP \$25 Copay | Specialist |
| | Out of Network | No Coverage | | Deductible & Coinsurance | |
| Routine/Preventive Care | In Network | Select Services Covered in Full | | Select Services Covered in Full | |
| | Out of Network | No Coverage | | Deductible & Coinsurance | |
| Urgent Care | | \$25 Copay and/or Deductible Applies | | \$25 Copay and/or Deductible Applies | |
| Emergency Room | | \$100 Copay and In-Network Deductible Applies | | \$100 Copay and In-Network Deductible Applies | |
| Hospital Services | In Network | Deductible Applies | | Deductible Applies | |
| | Out of Network | No Coverage | | Deductible & Coinsurance | |
| Prescription Drugs | In Network | \$5 / \$10 / \$10 | | \$5 / \$10 / \$10 | |
| | Out of Network | No Coverage | | 50% / 50% / Not Covered | |
| Rates | | | | | |
| | Employee | \$613.87 | | \$682.33 | |
| | Family | \$1,780.21 | | \$1,978.76 | |
| | Subscriber Only, Medicare | \$583.17 | | \$648.21 | |
| | S+1, 2 with Medicare | \$1,166.35 | | \$1,296.43 | |
| | S+1, 1 with Medicare | \$1,197.04 | | \$1,330.54 | |
| | S+Family, 1 with Medicare | \$1,596.05 | | \$1,774.06 | |
| | S+Family, 2 with Medicare | \$1,565.36 | | \$1,739.94 | |

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.