



Mishicot School District
 Health Insurance Benefit Comparison
 Effective Date 7/1/2017

Health Carrier	Network Health Plan		Network Health Plan	
Insurance Type	HMO		POS	
Deductible	Single	Family	Single	Family
In Network	\$1,000	\$2,000	\$1,000	\$2,000
Out of Network	Not covered	Not covered	\$2,000	\$4,000
Co-Insurance				
In Network	90%		90%	
Out of Network	Not covered		70%	
Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	\$3,000	\$6,000	\$3,000	\$6,000
Out of Network	Not covered	Not covered	\$5,000	\$10,000
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$25	\$25	\$25	\$25
Out of Network	Not covered	Not covered	\$50	\$50
Routine/Preventive Care				
In Network	Select Services Covered In Full		Select Services Covered In Full	
Out of Network	Not covered		Deductible and Coinsurance	
Urgent Care				
In Network	\$100, then Deductible & Coinsurance		\$100, then Deductible & Coinsurance	
Out of Network	Not covered		Deductible and Coinsurance	
Emergency Room	\$150, then Deductible and Coinsurance		\$150, then Deductible and Coinsurance	
Hospital Services				
In Network	Deductible and Coinsurance		Deductible and Coinsurance	
Out of Network	Not covered		Deductible and Coinsurance	
Prescription Drugs	\$10 / \$25 / \$50		\$10 / \$25 / \$50	

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.