


# Oconto Falls School District

## HEALTH COVERAGE ALTERNATIVES

Effective 01/01/2018

		
	TRADITIONAL	HIGH DEDUCTIBLE
<b>Provider Network</b>	HMO	HMO HSA
<b>Deductible</b> <i>Embedded or Non-Embedded</i>		
In-Network (Single / Family)	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	N/A	N/A
<b>Coinsurance</b>		
In-Network	100%	100%
Out-of-Network	N/A	N/A
<b>Out-of-Pocket Max</b>	<i>Includes Ded and Copays</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$1,500 / \$3,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	N/A	N/A
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visits</b>		
In-Network	\$30 Copay, Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	N/A	N/A
<b>Specialist</b>		
In-Network	\$60 Copay, Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	N/A	N/A
<b>Routine/Preventive Care</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	N/A	N/A
<b>Inpatient Hospital Services</b>		
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	N/A	N/A
<b>Outpatient Hospital Services</b>		
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	N/A	N/A
<b>Urgent Care</b>		
In-Network	\$50 Copay, Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	N/A	N/A
<b>Emergency Room</b>		
In-Network	\$250 Copay, Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	\$250 Copay, Ded, 100% Coins	Ded, 100% Coins
<b>Prescription Drugs - In-Network</b>	<i>Mandatory Generic</i>	
Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$60	Ded, 100% Coins
<b>Mail Order Prescription Drugs</b>		
Tier 1 / Tier 2 / Tier 3	\$20 / \$60 / \$120	Ded, 100% Coins
<b>Full Billed Rates</b>		
Employee	\$811.24	\$721.74
Family	\$1,836.57	\$1,636.47
<b>**Rates for Employees (12.8% of full billed rates if participated in HRA)</b>		
<b>Cost - Per Month</b>		
Single	\$103.84	\$92.38
Family	\$235.08	\$209.47