

Medical Coverage

Pulaski Community School District offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family. Each plan includes comprehensive health care benefits, including coverage for prescription drugs and free preventive care services. Coverage is effective the first of the month following employment as long as the enrollment form is received within 31 days from the date of eligibility. A qualifying event, per the Special Enrollment Provision of the plan, is required to come onto the plan if coverage is not elected when first eligible.

PCSD Health Plan is through Prevea360.

Prescription Drug Coverage provided through Costco.

Prevea Network is the network used for In-Network level of benefits. To locate a network doctor you can call customer service at 1-877-230-7555 or search on-line at www.prevea360.com.

[Wellness Center](#)

[Healthy Living](#)

[Insurance Premiums](#)

[Prevea360 Enrollment Form](#)

[HSA Routing Form](#)

Full details of the PCSD Health Plan are provided in the plan document located on Page 9.

	\$1500 Deductible POS Plan	\$3000 Deductible POS Plan	\$1500 Deductible HMO Plan	\$3000 Deductible HMO Plan	\$5000 Deductible HSA Eligible HMO Plan
TYPE	copay	copay	copay	copay	HSA*
Deductible:					
Single					
In-Network	\$1,500	\$3,000	\$1,500	\$3,000	\$5,000
Out-Network	\$3,000	\$6,000	~	~	~
Family					
In-Network	\$3,000	\$6,000	\$3,000	\$6,000	\$10,000
Out-Network	\$6,000	\$12,000	~	~	~
Co-insurance:					
In Network	90%	100%	90%	100%	100%
Out Network	70%	80%	~	~	~
Deductible and Coinsurance Maximum:					
Single					
In-Network	\$3,000	\$3,000	\$3,000	\$3,000	\$5,000
Out-Network	\$6,000	\$7,000	~	~	~
Family					
In-Network	\$6,000	\$7,000	\$6,000	\$6,000	\$10,000
Out-Network	\$12,000	\$14,000	~	~	~
Deductible, Coinsurance and Copay Maximum:					
Single					
In-Network	\$7,150	\$7,150	\$7,150	\$7,150	\$5,000
Out-Network	\$14,300	\$14,300	~	~	~
Family					
In-Network	\$14,300	\$14,300	\$14,300	\$14,300	\$10,000
Out-Network	\$28,600	\$28,600	~	~	~
In Network Visit					
Preventive Care	\$0	\$0	\$0	\$0	100%, no Deductible
Nearsite Office	\$5	\$5	\$5	\$5	100% after Deductible
Office Visit (Primary)	\$50	\$50	\$50	\$50	100% after Deductible
Office Visit (Specialist)	\$75	\$75	\$75	\$75	100% after Deductible
CAT Scans/MRI/MRA	\$50	\$50	\$50	\$50	100% after Deductible
Inpatient Hospital	90% after Deductible	100% after Deductible	90% after Deductible	100% after Deductible	100% after Deductible
Outpatient Hospital	90% after Deductible	100% after Deductible	90% after Deductible	100% after Deductible	100% after Deductible
Urgent Care	\$75 and/or 90% after Deductible	\$75 and/or 100% after Deductible	\$75 and/or 90% after Deductible	\$75 and/or 100% after Deductible	100% after Deductible
Emergency Room	\$300 and 90% after Deductible	\$300 and 100% after Deductible	\$300 and 90% after Deductible	\$300 and 100% after Deductible	100% after Deductible

*Note: Both Traditional and HSA plan accumulations are Embedded.

Prescription Drugs	Tier Option
TIER 1 Outpatient Prescription Drugs	\$10 copay
TIER 2 Outpatient Prescription Drugs	\$35 copay
TIER 3 Outpatient Prescription Drugs	\$75 copay
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 2 copays
Tobacco Cessation	\$10 copay
Outpatient Prescription Drugs – Infertility	Not Covered

- If you currently are taking maintenance medication you should consider using the mail order prescription service. You can receive a 90 day supply shipped directly to you.
- Research costs differences for medications at a variety of places (i.e. GoodRx, Costco, etc.). Utilize the Wal-Mart and Target \$4.00 generic drug program when possible. You can simply call them to find if your generic prescription is on their list or visit their websites at www.walmart.com or www.target.com and search under the pharmacy section.

HSA Plan Benefits

You're in control

- You pay for eligible medical expenses from the health savings account, which means you decide when and how to spend your health care dollars. Get smarter about making quality health care choices by taking advantage of resources to help you shop for care.

It's an investment

- Money that you don't use in one year rolls over to the next year. Your money continues to grow, so you can take comfort knowing that your future health care expenses will be covered. The money is yours to keep (even if you change employers), the dollars in your account grow tax free, and withdrawals are tax free when used for eligible health care expenses. The maximum amount that you may contribute to an HSA in 2016 is \$3,350 for a single and \$6,750 for a family and in 2017 is \$3,400 for a single and \$6,750 for a family. If you are age 55 and over you may contribute an additional \$1,000 to your HSA in 2016.

Pay for your medical expenses tax-free

- You can use your account to pay for eligible expenses that aren't covered by your health plan – tax free. Expenses like dental care, orthodontia, and vision care are all eligible expenses under your HSA. You can also use your HSA to pay for your portion of expenses that are covered by your health plan, like deductibles and coinsurance for covered services.

Deduct HSA contributions from your tax bill

- You put tax-deductible dollars in your health savings account, which reduces your taxable income – so you pay fewer taxes. Withdrawals for qualified health care expenses are never taxed. You earn tax-free interest on the money in your account. This allows your money to work even harder for you. You don't lose the money in your account at the end of the year. It's yours to spend, save, earn interest and invest for the future.

Save for retirement

- You can use the account to save money for retirement. After age 65, you can withdraw money from your health savings account for any reason with no penalties.

PCSD will contribute **\$60 for single coverage** and **\$120 for employee/spouse, employee/child(ren) and family coverage** into your account on a monthly basis

Type of Limit		2017	2018	Change
HSA Contribution Limit	Self-only	\$3,400	\$3,450	Up \$50
	Family	\$6,750	\$6,900	Up \$150
HSA Catch-up Contributions (not subject to adjustment for inflation)	Age 55 or older	\$1,000	\$1,000	No change
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$6,550	\$6,650	Up \$100
	Family	\$13,100	\$13,300	Up \$200

In addition to what the district contributes to your HSA, in 2017 you can contribute up to \$223.33 (monthly) if you have single coverage and up to \$442.50 (monthly) if you have family coverage. This increases to \$227.50 (monthly) for single coverage and \$455.00 (monthly) for family coverage in 2018.