

2017 - 2018 MEDICAL PLAN BENEFIT SUMMARY

Richland School District Medical Benefit Plans

Service/Provider	HRA PPO Plan		HSA PPO Plan	
	Alliance In-Network	Out-of-Network	Alliance In-Network	Out-of-Network
Deductible limit				
Single	\$2,000	\$4,000	\$2,000	\$4,000
Family	\$4,000	\$8,000	\$4,000	\$8,000
District's HRA reimbursement maximum	Second half of the in-network deductible		Not applicable to HSA plan	
Single	\$1,000			
Family	\$2,000			
Coinsurance (after deductible plan pays)	100%	80%	100%	80%
Out-of-pocket maximum* (applies to ded & coins)				
Single	\$2,000	\$5,000	\$2,000	\$5,000
Family	\$4,000	\$10,000	\$4,000	\$10,000
Preventive care (including a routine vision exam)	100% (no deductible)	80% after deductible	100% (no deductible)	80% after deductible
Office visit (primary care or specialist)	\$25 copay	80% after deductible	100% after deductible	80% after deductible
Teladoc visit	100%		100% after deductible	
Inpatient hospitalization	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency room or urgent care visit	\$150 copay	\$150 copay	100% after deductible	100% after deductible
Prescription drugs (at a participating pharmacy)	Separate out-of-pocket maximum (\$2,000 single/\$4,000 family)		100% after in-network PPO deductible for covered prescription drugs	
Special list of OTC/ low cost generics	\$0 copay			
Formulary generic	\$5 copay			
Formulary brand name	\$20 copay			
Non-formulary	\$40 copay			

*On the HRA PPO Plan, there is also an in-network annual out-of-pocket maximum that includes deductible, coinsurance, and all copays that further limit the total medical costs for members as follows: single - \$4,600 and family - \$8,200. This limit does not apply to out-of-network services.

This constitutes only a summary of the health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provision, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Financial Group of plan provisions or level of payments.

Richland School District Medical Plan Monthly Costs Effective July 1, 2017

Plan Tier/Cost Share	District's Share	Employee's Share	Total Monthly Premium
HRA PPO Plan	District pays 88% of monthly premium and the second half of the in-network deductible through the HRA (\$1,000 single/\$2,000 family).		
Single	\$619.07	\$84.42	\$703.49
Family	\$1,585.29	\$216.18	\$1,801.47
HSA PPO Plan	District pays the same contribution as the HRA plan plus an additional \$42 single/\$85 family per month.		
Single	\$661.07	\$42.42	\$703.49
Family	\$1,669.29	\$140.42	\$1,809.71

Decisions, decisions!

Making a decision on benefit programs can be difficult due to the ever complex world of healthcare plans. You may ask yourself what plan is best for you and your dependents. While the District cannot make that decision for you, here are some common features of the two plans:

Plan Type/Features	Health Reimbursement Plan	Health Savings Account Plan
Account owner	Employer	Employee
Other health plan enrollment restrictions	No	Yes – cannot be enrolled in any other non-HDHP
Rollover of funds from year to year	No – funds not used in the plan year are forfeited	Yes – if not used, then fund balance rolls forward
Portable (can take it with you when you leave)	No	Yes – you own the account
Decision on amount available	Employer	Employee
Type of Flexible Spending Account	Full	Limited use

Below find additional information on both an HRA plan and an HSA plan that may also assist with your health plan choice.