

## **Hortonville School District**

	Plan Benefits	
PPO Network	UHC+	
	PPO	
Deductible	Embedded	
In Network	\$750/\$1,500	
Out of Network	\$1,500/\$3,000	
Coinsurance		
In Network	90%	
Out of Network	70%	
Maximum Out of Pocket		
(Ded/Coinsurance/Rx Copays)	•	•
In Network	\$1,500/\$3,000	
Out of Network	\$4,500/\$9,000	
	In Network	Out of Network
Hospitalization	Ded/90%	Ded/70%
Office Visit(s)	Ded/90%	Ded/70%
Specialist Office Visit(s)	Ded/90%	Ded/70%
Preventative Care	100%/Ded Waived	Ded/70%
Chiropractic Office Visits(s)	Ded/90%	Ded/70%
Phys, Occ & Speech Therapy	Ded/90%	Ded/70%
Urgent Care	Ded/90%	Ded/70%
Emergency Room Care	Ded/90%	PPO Ded/90%
Psych, Chem & Alcohol		
Office Visit	Ded/90%	Ded/70%
Inpatient	Ded/90%	Ded/70%
Outpatient	Ded/90%	Ded/70%
All Other Medical Services	Ded/90%	Ded/70%
High Tech Imaging	Ded/90%	Ded/70%
Oral Surgery	Ded/90%	Ded/70%
Teladoc	100%/Deductible Waived	
Pharmacy		
Drug Plan	\$0/10/25/50/80 - 30 Days, Retail	
	Not covered – 31-90 Days, Retall	
	\$0/25/60/150 — 90 Days, Mail	
	Specialty Limited to 30 Days	
Maximum Out of Pocket-Rx Only	Included in Medical	