Oregon School District

HEALTH COVERAGE OPTIONS

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Carrier	Quartz	Quartz
Provider Network	Quartz HMO	Quartz POS
Deductible		
In-Network (Single / Family)	\$500 / \$1,000	\$500 / \$1,000
Out-of-Network (Single / Family)	Not Covered	\$1,000 / \$2,000
Coinsurance	1,00 00,0100	Ψ1,000 / Ψ2,000
In-Network	100%	100%
Out-of-Network	Not Covered	90%
Deductible / Coinsurance Limit	Includes Deductible and Coinsurance	Includes Deductible and Coinsurance
In-Network (Single / Family)	\$500 / \$1,000	\$500 / \$1,000
Out-of-Network (Single / Family)	Not Covered	\$2,000 / \$4,000
Sut of Freework (enigle / Fullify)	Includes Deductible, Coinsurance and	Includes Deductible, Coinsurance and
Out-of-Pocket Max	Medical Copays	Medical Copays
In-Network (Single / Family)	\$4,600 / \$9,200	\$2,000 / \$4,000
Out-of-Network (Single / Family)	Not Covered	\$2,000 / \$4,000
Lifetime Maximum	Unlimited	\$2,000 / \$4,000 Unlimited
Office Visits	Ommilea	Unimited
In-Network	\$25 Conoxy	\$25 Copay
Out-of-Network	\$25 Copay Not Covered	Ded. 90% Coins
	Not Covered	Ded, 90% Collis
E-Visit / Care Anywhere	¢15 C	015 C
In-Network	\$15 Copay	\$15 Copay
Specialist	\$25 Commen	\$25 Commen
In-Network	\$25 Copay	\$25 Copay
Out-of-Network	Not Covered	Ded, 90% Coins
Routine/Preventive Care	1000/ G	1000/ G
In-Network	100% Coverage	100% Coverage
Out-of-Network	Not Covered	Ded, 90% Coins
Inpatient Hospital Services	D 1 1000/ G :	D 1 1000/ G :
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Not Covered	Ded, 90% Coins
Outpatient Hospital Services	B 1 1000/ G :	D 1 1000/ G :
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Not Covered	Ded, 90% Coins
MRI / PET / CAT Scans		A
In-Network	\$150 Copay	\$150 Copay
Out-of-Network	N/A	Ded, 90% Coins
Mental Health / Behavioral Health Services		
Outpatient		
In-Network	\$25 Copay	\$25 Copay
Out-of-Network	Not Covered	Ded, 90% Coins
Inpatient		
In-Network	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Not Covered	Ded, 90% Coins
Emergency Room		7: ::: =
In-Network	\$100 Copay	\$100 Copay
Out-of-Network	\$100 Copay	\$100 Copay
Prescription Drugs - In-Network	\$100 Copus	\$100 Copus
Trust proof Drugo In-110th Ork	Prescription Max Out of Pocket	Prescription Max Out of Pocket
	\$2,000 Single / \$4,000 Family	\$2,000 Single / \$4,000 Family
Value Tier / Tier 1 / Tier 2 / Tier 3	\$5 / \$10 / \$30 / \$60	\$5 / \$10 / \$30 / \$60
Total Monthly Premium	φυν φτον φυσν φοσ	φυ / ψευ / φυυ / φυυ
Employee	\$707.00	\$929.46
Family	\$1,590.75	\$2,091.29
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This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments.

Effective: 7/1/2020