

School District of Princeton

Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Insurance Type	\$4,000 Essential		
Provider Helwork:	Blue Preferred		
Deductible	Single	Family	
In Network	\$4,000	\$8,000	
Out of Network	\$8,000	\$16,000	
Co-Insurance			
In Network	100% after Deductible		
Out of Network	70/30 to Out of Pocket Max		
Maximum Out-ai-Packet	Single Family		
In Network	\$6,000	\$12,000	
Out of Network	\$12,000	\$24,000	
Office Visits	PCP	Specialist	
In Network	Deductible Applies		
Out of Network	Deductible & Coinsurance		
Diagnostic/Xray/Lab			
In Network	Deductible Applies		
Out of Network	Deductible & Coinsurance		
louline/Preventive Care			
In Network	Select Services Covered in Full		
Out of Network	Deductible & Coin	surance	
lirgent Care	O-d-wild- A		
In Network Out of Network	Deductible App Deductible & Coins		
Emergency Room	beddenbie di Comi	surance	
	In-Network Deductible and	I/or Coinsurance	
lospital Services			
In Network	Deductible App	olies	
Out of Network	Deductible & Coinsurance		
rescription Drugs			
In Network	\$10 / \$25 / \$50 / 25% Max \$250		
Out of Network	50% / 50% / 50%	/ 50%	
	Included in Medical Max OOP		
inhanced Services			
Vision Benefit	Exam Include		
Extraction/Replacement of Teeth Waiver of Premium	Limited Benefit No		
wasser of Fremium	No	1,	
Employee 11	\$909.51	back	
Family 28	\$2,033.18	Sec	
Annual Δ% from Current	\$909.51 \$2,033.18 9.00% \$66,933.65 \$303,203.20		
Monthly Totals	\$66,933.65		
Annual Totals		\$803,203.80	
Annual Δ\$ from Current	\$66,321		

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.