

# MEDICAL PLAN (continued)

## OPTION 2: POS COPAY PLAN – BUY-UP PLAN

Your second option is a Point of Service (POS) option. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. Out-of-network services will be processed at the out-of-network coverage level noted below. Below is a high level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	\$5,000
Family	\$4,000	\$10,000
<b>DISTRICT FUNDED HRA</b>		
Single		\$1,000
Family		\$2,000
<b>Out-of-Pocket Maximum</b>		
Single	\$6,850	\$5,000
Family	\$13,700	\$10,000
<b>Coinsurance</b>		
	100%	80%
<b>Dependent Eligibility</b>		
	To Age 26 (end of month)	
<b>PHYSICIAN SERVICES</b>		
Select Preventative Services	\$0 Copay	\$0 Copay
Primary Care Office Visit	\$20 Copay	Deductible & Coinsurance
Specialty Care Office Visit	\$20 Copay	Deductible & Coinsurance
Partnered Health Location Visit	\$5 Copay	N/A
<b>HOSPITAL SERVICES</b>		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
<b>URGENT CARE &amp; ER SERVICES</b>		
Urgent Care	\$20 Copay, then Deductible	
Emergency Care	\$200 Copay, then In-Network Deductible (Copay waived if admitted)	
<b>RETAIL PRESCRIPTION DRUGS</b>		
Tier 1	\$20 Copay	50% Coinsurance
Tier 2	\$40 Copay	50% Coinsurance
Tier 3	\$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered
Tier 5	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

Please reference page 15 for premium information.

# MEDICAL PLAN (continued)

## OPTION 3: POS HDHP PLAN – BUY-UP PLAN

Your third option is a High Deductible Health Plan that offers lower premiums than a copay plan, but you may have a higher deductible and will pay more before the plan starts to cover some of your costs. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses. **This plan is a HSA Qualified High Deductible Health Plan with a Non-Embedded Deductible.**

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
<b>DISTRICT HSA CONTRIBUTION</b>		
Single		\$500
Limited Family		\$750
Family		\$1,000
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
<b>Coinsurance</b>	100%	80%
<b>Dependent Eligibility</b>	To Age 26 (end of month)	
<b>PHYSICIAN SERVICES</b>		
Select Preventative Services	\$0 Copay	\$0 Copay
Primary Care Office Visit	Deductible	Deductible & Coinsurance
Specialty Care Office Visit	Deductible	Deductible & Coinsurance
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
<b>HOSPITAL SERVICES</b>		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
<b>URGENT CARE &amp; ER SERVICES</b>		
Urgent Care	Deductible & Coinsurance	
Emergency Care	Deductible & Coinsurance	
<b>RETAIL PRESCRIPTION DRUGS</b>		
Tier 1	Deductible	Deductible & Coinsurance
Tier 2	Deductible	Deductible & Coinsurance
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Deductible & Coinsurance
Tier 5	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

Please reference page 15 for premium information.

# MEDICAL PLAN (continued)

## OPTION 4: HMO HDHP PLAN – BUY-DOWN PLAN

Your fourth option is a High Deductible Health Plan that offers lower premiums than a copay plan, but you may have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan is an HMO and gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses. **This plan is a HSA Qualified High Deductible Health Plan with a Non-Embedded Deductible.**

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>DISTRICT HSA CONTRIBUTION</b>		
Single	\$500	
Limited Family	\$750	
Family	\$1,000	
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Dependent Eligibility</b>		
	To Age 26 (end of month)	
<b>PHYSICIAN SERVICES</b>		
Select Preventative Services	\$0 Copay	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
<b>HOSPITAL SERVICES</b>		
Inpatient / Outpatient	Deductible	Not Covered
<b>URGENT CARE &amp; ER SERVICES</b>		
Urgent Care	Deductible	
Emergency Care	Deductible	
<b>RETAIL PRESCRIPTION DRUGS</b>		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered
Tier 5	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

*Please reference page 15 for premium information.*

# MEDICAL PLAN (continued)

## OPTION 5: HMO HDHP PLAN – BUY-DOWN PLAN

Your fifth option is a High Deductible Health Plan that offers lower premiums than a copay plan, but you may have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan is an HMO and gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses. **This plan is a HSA Qualified High Deductible Health Plan with an Embedded Deductible.**

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>DISTRICT HSA CONTRIBUTION</b>		
Single	\$500	
Limited Family	\$750	
Family	\$1,000	
<b>Deductible and Coinsurance Limit</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>Out-of-Pocket Maximum</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Dependent Eligibility</b>		
	To Age 26 (end of month)	
<b>PHYSICIAN SERVICES</b>		
Select Preventative Services	\$0 Copay	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
<b>HOSPITAL SERVICES</b>		
Inpatient / Outpatient	Deductible	Not Covered
<b>URGENT CARE &amp; ER SERVICES</b>		
Urgent Care		Deductible
Emergency Care		Deductible
<b>RETAIL PRESCRIPTION DRUGS</b>		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered
Tier 5	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

*Please reference page 15 for premium information.*