## WHITNALL SCHOOL DISTRICT MEDICAL PLAN COMPARISON Plan Year: July 1, 2020 through June 30, 2021

		HEALTHCARE PROVIDER: ANTHEM										
		PLA	N A	]	PLAN	В						
		Network	Non-Network		Network	Non-Network						
		Benefit	Benefit		Benefit	Benefit						
Deductible	•					1						
	Single Deductible	\$1,400	\$2,800		\$2,500	\$5,000						
	Family Deductible	\$2,800	\$5,600		\$5,000	\$10,000						
Coinsuran	ce			-								
	Coinsurance	10%	30%		10%	30%						
Out-of-Poo	cket (Includes Deductible)	•										
	Single	\$2,500	\$5,000		\$6,750	\$13,500						
	Family	\$5,000	\$10,000		\$7,900	\$27,000						
Office Visi	ts	•										
	General	10%	30%		10%	30%						
	Specialist	10%	30%		10%	30%						
	LiveHealthOnline		\$59 per visit; applies toward deductible									
	LiveHealthOnline Mental Health	Cost ran	ges from \$75 to \$	175 per visit	and applies toward d	eductible						
Preventive	Care		<u> </u>	•								
	Preventive Care Services	No Charge	30%		No Charge	30%						
	Routine Exams	No Charge	30%		No Charge	30%						
	Immunizations	No Charge	30%		No Charge	30%						
Inpatient				•								
	Hospital Services	10%	30%		10%	30%						
Outpatient		•		•								
	Hospital Services	10%	30%		10%	30%						
Emergenc	y Room			•								
		\$200 copay	\$200 copay		\$200 copay	\$200 copay						
	ER Services	after deductible	after deductible		after deductible	after deductible						
<b>Urgent Ca</b>				,								
	UC Services	10%	30%		10%	30%						
Prescription	on Drugs (Retail)			,								
	Generic (Tier 1)	10%	30%		10%	30%						
	Preferred Brand (Tier 2)	10%	30%		10%	30%						
	Non-Preferred (Tier 3)	10%	30%		10%	30%						
	Specialtiy (Tier 4)	10%	30%		10%	30%						
Health Sav	rings Account Contribution			,								
	Employee	No	ne		\$700	)						

None

None

None

Employee + Spouse Employee + Child(ren)

Family

NETWORK					PREFER	RED								
Plans		F	PLAN A			PLAN B								
Contributions		EE per Check	EE per Month	Employer	Total		EE per Check	EE per Month	Employer	Total	4			
Tiers	Employee	\$70.64	\$141.28	\$565.20	\$706.48	Employee	\$64.98	\$129.96	\$519.96	\$649.92	0			
	Employee + Spouse	\$169.55	\$339.10	\$1,356.46	\$1,695.56	Employee + Spouse	\$155.98	\$311.96	\$1,247.86	\$1,559.82	ı			
	Employee + Child(ren)	\$141.28	\$282.56	\$1,130.42	\$1,412.98	Employee + Child(ren)	\$129.98	\$259.96	\$1,039.88	\$1,299.84	Н			
	Family	\$240.20	\$480.40	\$1,921.62	\$2,402.02	Family	\$220.96		\$1,767.82					
•											•			

\$1,200 \$1,200

\$1,800

NETWORK					PRIORI	TY					]/	
Plans			PLAN A		PLAN B							
Contributions		EE per Check	EE per Month	Employer	Total		EE per Check	EE per Month	Employer	Total	E	
Tiers	Employee	\$35.60	\$71.20	\$493.98	\$565.18	Employee	\$32.76	\$65.52	\$454.44	\$519.96	E	
	Employee + Spouse	\$85.46	\$170.92	\$1,185.54	\$1,356.46	Employee + Spouse	\$78.60	\$157.20	\$1,090.64	\$1,247.84	K	
	Employee + Child(ren)	\$71.20	\$142.40	\$987.96	\$1,130.36	Employee + Child(ren)	\$65.50	\$131.00	\$908.88	\$1,039.88		
	Family	\$121.06	\$242.12	\$1,679.50	\$1,921.62	Family	\$111.36	\$222.72	\$1,545.06	\$1,767.78		

Rates shown above are based on 24 paychecks and in place through June 30, 2021. Rates will be reset July 1, 2021

NETWORK		PREFERRED													
Plans			PLAN A				PLAN B								
Contributions		EE per Ch	neck	EE per	Month	Е	mployer	Total		EE	per Check	EE pe	er Month	Employer	Total
Tiers	Employee	\$ 14	1.29	\$	211.94	\$	494.54	\$706.48	Employee	\$	129.99	\$	194.98	\$ 454.94	\$649.92
	Employee + Spouse	\$ 339	9.10	\$	508.67	\$	1,186.89	\$1,695.56	Employee + Spouse	\$	311.96	\$	467.94	\$1,091.88	\$1,559.82
	Employee + Child(ren)	\$ 282	2.58	\$	423.89	\$	989.09	\$1,412.98	Employee + Child(ren)	\$	259.97	\$	389.95	\$ 909.89	\$1,299.84
	Family	\$ 480	0.40	\$	720.61	\$	1,681.41	\$2,402.02	Family	\$	441.95	\$	662.92	\$1,546.82	\$2,209.74

NETWORK		PRIORITY IR													
Plans			F	LAN A				PLAN B							
Contributions		EE per	Check	EE per	Month	Е	mployer	Total		EE p	er Check	EE per	Month	Employer	Total
Tiers	Employee	\$	67.82	\$	101.73	\$	463.46	\$565.19	Employee	\$	62.39	\$	93.59	\$ 426.37	\$519.96
	Employee + Spouse	\$ 1	62.77	\$	244.16	\$	1,112.28	\$1,356.46	Employee + Spouse	\$	149.74	\$	224.61	\$1,023.24	\$1,247.84
	Employee + Child(ren)	\$ 1	35.64	\$	203.46	\$	926.90	\$1,130.36	Employee + Child(ren)	\$	124.79	\$	187.18	\$ 852.70	\$1,039.88
	Family	\$ 2	230.59	\$	345.88	\$	1,575.74	\$1,921.62	Family	\$	212.13	\$	318.20	\$1,449.58	\$1,767.78