

Dean HSA PPO Plan - Residents of Walworth Co. & Illinois

Effective 7/1/21

School District of Milton

	In-Network - You Pay	Out of Network - You Pay
Deductible	\$3,000 Single / \$6,000 Family	\$6,000 Single / \$12,000 Family
Coinsurance	0% after the deductible	20% after the deductible
Out-of-Pocket Max (Deductible, Coinsurance, Medical and Prescription Copays)	\$3,000 Single / \$6,000 Family	\$12,000 Single / \$24,000 Family
Office Visits	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Preventive Care	\$0 Copay	20% Coinsurance after the Deductible
Inpatient Hospital Services	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Outpatient Hospital Services	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Urgent Care	0% Coinsurance after the Deductible	0% Coinsurance after the In-Network Deductible
Emergency Room	0% Coinsurance after the Deductible	0% Coinsurance after In-Network Deductible
Ambulance	0% Coinsurance after the Deductible	0% Coinsurance after In-Network Deductible
Diagnostic Services (Labs / Xrays)	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
CAT Scans / MRI	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Mental Health Inpatient / Day Treatment Programs / Outpatient	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Durable Medical Equipment	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Physical, Speech and Occupational Therapy	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Retail Prescription Drugs	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Tier 1	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Tier 2	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible
Tier 3	0% Coinsurance after the Deductible	Not Covered
Tier 4	0% Coinsurance after the Deductible	20% Coinsurance after the Deductible

Single HSA Contribution from the District

\$2,750 for 1.0 FTE / pro-rated for < 1.0 FTE

Family HSA Contribution from the District

\$5,500 for 1.0 FTE / pro-rated for < 1.0 FTE