Oconto Falls School District Effective 01/01/2022

## \*Prevea/HSHS is processed at out of network benefit

## HEALTH COVERAGE ALTERNATIVES

HEALTH COVERAGE ALTERNATIVES				at out of network benefit
	Robin  HealthPartners  Traditional		Robin HealthPartners High Deductible	
Provider Network/Plan Type	Focused	Broad	Focused	Broad
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Bellin/Aurora)	(Bellin/Aurora/Ascension)	(Bellin/Aurora)	(Bellin/Aurora/Ascension)
Deductible	,	,	·	,
In-Network (Single / Family)	\$500 / \$1,000	\$500 / \$1,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance		, , , , ,	. , , , ,	. , . ,
In-Network	100%	100%	100%	100%
Out-of-Network	50%	50%	50%	50%
Out-of-Pocket Max	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible
In-Network (Single / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$12,000 / \$24,000	\$12,000 / \$24,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits				
In-Network	\$30 Copay	\$30 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Specialist	200, 0070 001110	200, 00% 00%	200, 0070 00110	200, 0070 00110
In-Network	\$60 Copay	\$60 Copay	Ded. 100% Coins	Ded. 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Routine/Preventive Care	,	,	,	,
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Inpatient Hospital Services In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 100% Coins  Ded, 50% Coins	Ded, 100% Coins  Ded, 50% Coins	Ded, 100% Coins  Ded, 50% Coins	Ded, 100% Coins  Ded, 50% Coins
Outpatient Hospital Services	DCa, 00 /0 Comb	Dea, 00% dem3	DCG, 00 /0 COM13	Dea, 00 /0 Comb
In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Urgent Care	4-4-4	4		
In-Network	\$50 Copav	\$50 Copav	Ded. 100% Coins	Ded, 100% Coins
Out-of-Network	\$50 Copay	\$50 Copay	Ded, 100% Coins	Ded, 100% Coins
Emergency Room	\$200 Caray	#200 Caray	Dad 1000/ Caina	Ded, 100% Coins
In-Network Out-of-Network	\$200 Copay	\$200 Copay	Ded, 100% Coins Ded, 100% Coins	Ded, 100% Coins Ded, 100% Coins
Prescription Drugs - In-Network	\$200 Copay	\$200 Copay	Dea, 100% Coins	Dea, 100% Coins
Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$60 / \$60	\$10 / \$30 / \$60 / \$60	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ψ10 / Ψ30 / Ψ00 / Ψ00	ψ10 / ψ30 / ψ00 / ψ00	Ded, 100 % Collis	Ded, 100% Collis
Mail Order Prescription Drugs				
Tier 1 / Tier 2 / Tier 3	\$20 / \$60 / \$120 / \$120	\$20 / \$60 / \$120 / \$120	Ded, 100% Coins	Ded, 100% Coins
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Rates	Full Premium Cost	Full Premium Cost	Full Premium Cost	Full Premium Cost
Single	\$952.86	\$1,010.04	\$797.30	\$845.13
Family	\$2,157.37	\$2,286.82	\$1,805.16	\$1,913.46
Employee Cost (with favorable HRA)	Employee Cost (Per Month)	Employee Cost (Per Month)	Employee Cost (Per Month)	Employee Cost (Per Month)
Single	\$150.55	\$207.73	\$125.97	\$173.80
Family	\$130.33 \$340.86	\$207.73 \$470.31	\$125.97 \$285.22	\$393.50
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