

**2018-2019 CERTIFIED STAFF**

**COMPARE YOUR MEDICAL PLAN OPTIONS:**

Monthly Premium	SELF			Self & Spouse			Self & Child(ren)			Family		
	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan
You Pay:	\$0.00	\$0.00	\$51.30	\$591.04	\$645.64	\$748.24	\$409.34	\$445.74	\$532.44	\$1,000.40	\$1,091.38	\$1,229.38
Board Pays:	\$591.04	\$645.64	\$645.64	\$591.04	\$645.64	\$645.64	\$591.04	\$645.64	\$645.64	\$591.04	\$645.64	\$645.64

**Board Deposits monthly**

to employee's HSA:

\$54.60	\$54.60	\$54.60	\$54.60
---------	---------	---------	---------

**What you pay for in-network covered expenses in 2018-2019:**

	Health Savings Plan H.S.A.		Base Health Plan		Buy-Up Health Plan	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Deductible</b>	\$2,700.00 single \$5,400.00 emp/dep	\$5,400.00 single \$10,800.00 emp/dep	\$2,000.00 single \$6,000.00 emp/dep 3 or more	\$6,000.00 single \$18,000.00 emp/dep 3 or more	\$1,500.00 single \$4,500.00 emp/dep 3 or more	\$4,500.00 single \$13,500.00 emp/dep 3 or more
<b>Maximum Out of Pocket (Medical and Pharmacy Combined)</b>	\$5,000/single coverage \$10,000/emp & dep	\$10,000/single coverage \$20,000/emp & dep	\$4,000/single coverage \$8,000/emp & dep	\$10,000/single coverage \$20,000/emp & dep	\$3,000/single coverage \$6,000/emp & dep	\$9,000/single coverage \$18,000/emp & dep
<b>Preventive Services</b>	No Cost Share	40% after deductible 100% of Balance Billing	No Cost Share	50% after deductible 100% of Balance Billing	No cost Share	50% after deductible 100% of Balance Billing
<b>Primary Care Office Visit</b>	20% after deductible	40% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing
<b>Specialist Office Visit</b>	20% after deductible	40% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing
<b>Urgent Care</b>	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
<b>Lab &amp; X-ray</b>	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
<b>Out patient Visit</b>	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
<b>Inpatient Visit</b>	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
<b>Emergency Room</b>	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
<b>Prescription Drugs</b>	Deductible applies before any copays. \$8/\$25/\$45  Mail Order \$20/\$75/\$135	40% after deductible (restrictions apply - see summary of benefits)  Mail Order Not Covered	Retail \$15/\$45/\$75  Mail Order 37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)	\$15/\$45/\$75  Mail Order \$37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)

**\*\*Tier 4 medications are only available through Mail Order Specialty Pharmacy, Acredo, and dispenses at a 30 day supply.**