

2018-2019 SUPPORT STAFF

COMPARE YOUR MEDICAL PLAN OPTIONS:

Per Pay 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:	\$32.28	\$32.28	\$57.93	\$327.80	\$355.10	\$406.40	\$236.95	\$255.15	\$298.50	\$532.48	\$577.97	\$646.97
Board Pays:	\$263.24	\$290.54	\$290.54	\$263.24	\$290.54	\$290.54	\$263.24	\$290.54	\$290.54	\$263.24	\$290.54	\$290.54
Per Pay Summer Premium: (In addition to above amounts)												
You Pay:	\$10.76	\$10.76	\$19.31	\$109.27	\$118.37	\$135.47	\$78.98	\$85.05	\$99.50	\$177.49	\$192.66	\$215.66
Board Pays:	\$87.75	\$96.85	\$96.85	\$87.75	\$96.85	\$96.85	\$87.75	\$96.85	\$96.85	\$87.75	\$96.85	\$96.85
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
Deductible	\$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
Maximum Out of Pocket (Medical and Pharmacy Combined)	\$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
Preventive Services	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
Primary Care Office Visit	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
Specialist Office Visit	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
Urgent Care	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
Lab & X-ray	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
Out patient Visit	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
Inpatient Visit	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
Emergency Room	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
Prescription Drugs	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.**