

# Medical Insurance

For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice. Refer to contracts for the district contribution amount to your coverage.

	Medica \$1200 Plan		Medica \$2600 Plan		Medica \$5000 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$1,200	\$2,000	\$2,600	\$4,000	\$5,000	\$10,000
Family	\$2,400	\$4,000	\$5,200	\$8,000	\$10,000	\$20,000
Coinsurance	0%	20%	0%	20%	0%	30%
Maximum Out-of-Pocket						
Individual	\$1,200	\$3,500	\$2,600	\$6,000	\$5,000	\$15,000
Family	\$2,400	\$7,000	\$5,200	\$12,000	\$10,000	\$30,000
District VEBA or HSA Contributions – Please review your bargaining contract for District contributions*						
VEBA and/or HSA*	VEBA: \$1,000 / Employee \$2,000 / Employee + 1 or Family		VEBA: \$1,300 / Employee \$2,300 / Employee + 1 or family		VEBA or HSA: \$1,500 / Employee \$2,600 / Employee + 1 or Family	
Physician Office Visit						
Primary Care	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Specialty Care	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Preventive Care						
Adult Periodic Exams	0%	0% / limitations apply	0%	0% / limitations apply	0%	0% / limitations apply
Well-Child Care	0%		0%		0%	
Diagnostic Services						
X-ray and Lab Tests	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Complex Radiology	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Urgent Care Facility	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Emergency Room Facility Charges	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Facility Charges	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient Facility & Surgical Charges	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Mental Health and Substance Abuse						
Inpatient	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Retail Pharmacy (30 or 90-Day Supply)						
Generic and Preferred Brand	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Designated preventive drugs Refer to “Medica Preventive Drug List”	0%	Not covered	0%	Not covered	0%	Not covered
Specialty	0% after deductible	Not covered	0% after deductible	Not covered	0% after deductible	Not covered

\*Except for teachers working less than 1.0 FTE. For those teachers, multiply your FTE by the VEBA or HSA contribution amount for what you will receive.