

**Preferred One    Medical Summary of Coverage Comparison**

<b>Summary of Medical Benefit Plans</b>			
<b>In Network Services</b>	<b>\$1,200/\$2,400 Deductible</b>	<b>\$2,600/\$5,200 Deductible</b>	<b>\$5,000/\$10,000 Deductible HSA</b>
Deductible	\$1,200 (individual) \$2,400 (family)	\$2,600 (individual) \$5,200 (family)	\$5,000 (individual) \$10,000 (family)
Out of Pocket Max	\$1,200 (individual) \$2,400 (family)	\$2,600 (individual) \$5,200 (family)	\$5,000 (individual) \$10,000 (family)
Co-Insurance	N/A	N/A	N/A
Preventive Care	100%	100%	100%
Office Visit	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%
In Patient / Out Patient Hospital	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%
Emergency Room Services	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%
Prescription Drugs	Generic: deductible  Brand: preferred – deductible non-preferred – not covered  Specialty: deductible	Generic: deductible  Brand: preferred – deductible non-preferred – not covered  Specialty: deductible	Generic: deductible  Brand: preferred – deductible non-preferred – not covered  Specialty: deductible
Mail Order	90 day supply	90 day supply	90 day supply
Deductible Contribution (Benefit Eligible Staff working 8 hours a day)	\$1,000 (individual) \$2,000 (family)	\$1,300 (individual) \$2,300 (family)	\$1,500 (individual) \$2,600 (family)

**District Contributions towards the VEBA/HSA**

(amounts listed are for employees working 8 hours a day and for employees entering the plan on 7/1/20, if you work less than 8 hours a day or enter after 7/1/20 your amount will be pro-rated).

**Plan Name**

\$1,200/\$2,400 Deductible Plan  
 \$2,600/\$5,200 Deductible Plan  
 \$5,000/\$10,000 Deductible Plan

**District contribution towards deductible**

\$1,000 for Employee, \$2,000 for Employee+1 or Family  
 \$1,300 for Employee, \$2,300 for Employee+1 or Family  
 \$1,500 for Employee, \$2,600 for Employee+1 or Family