

2019-20 Teacher Plans - 100%

PRIME PLAN - IN NETWORK		STANDARD PLAN - IN NETWORK		HIGH DEDUCTIBLE/HSA - IN NETWORK (Not eligible for HSA if Medicare eligible)	
Physician Office Visit: \$20 copay		Physician Office Visit: \$25 copay		Physician Office Visit: Deductible then plan pays 100%	
Specialist Office Visit: \$20 copay		Specialist Office Visit: \$50 copay		Specialist Office Visit: Deductible then plan pays 100%	
Routine Care (Wellness): \$20 copay		Routine Care (Wellness): \$25 copay		Routine Care (Wellness): 100% (not subject to deductible)	
Emergency Room Care: \$50 copay		Emergency Room Care: \$100 copay		Emergency Room Care: Deductible then plan pays 100%	
Urgent Care Facility: \$35 copay		Urgent Care Facility: \$50 copay		Urgent Care Facility: Deductible then plan pays 100%	
Reimbursement %: 90% network		Reimbursement %: 80% network		Reimbursement %: 100% after deductible	
Deductible: \$250 single/\$500 family		Deductible: \$500 single/\$1,000 family		Deductible: \$3,000 single/\$6,000 family	
Out-of-Pocket Maximum: \$1,000 single/\$2,000 family		Out-of-Pocket Maximum: \$2,000 single/\$4,000 family		Out-of-Pocket Maximum: \$3,000 single/\$6,000 family	
Prescription Drugs		Prescription Drugs		Prescription Drugs	
Retail	Generic: \$10	Retail	Generic: \$12	Retail	Generic: Deductible then plan pays 100%
	Formulary: \$20		Formulary: \$24		Formulary: Deductible then plan pays 100%
	Non-Formulary: \$30		Non-Formulary: \$40		Non-Formulary: Deductible then plan pays 100%
Mail Order	Generic: \$20	Mail Order	Generic: \$24	Mail Order	Generic: Deductible then plan pays 100%
	Formulary: \$40		Formulary: \$48		Formulary: Deductible then plan pays 100%
	Non-Formulary: \$60		Non-Formulary: \$80		Non-Formulary: Deductible then plan pays 100%

2019-20 Medical, Dental and Vision Premiums (new premiums effective with 9/13/19 pay)

	Total Premium	Board Annual	Employee Annual	21 Pay/19 Ded.	26 Pay/24 Ded.	Total Premium	Board Annual	Employee Annual	21 Pay/19 Ded.	26 Pay/24 Ded.	Total Premium	Board Annual	Employee Annual	21 Pay/19 Ded.	26 Pay/24 Ded.
Family	\$25,775.15	\$15,757.54	\$10,017.61	\$527.24	\$417.40	\$24,242.37	\$15,757.54	\$8,484.83	\$446.57	\$353.53	\$21,088.25	\$15,757.54	\$5,330.71	\$280.56	\$222.11
Ee/Child	\$19,865.37	\$12,149.58	\$7,715.79	\$406.09	\$321.49	\$18,691.66	\$12,149.58	\$6,542.08	\$344.32	\$272.59	\$16,276.44	\$12,149.58	\$4,126.86	\$217.20	\$171.95
Ee/Spouse	\$21,924.66	\$13,398.41	\$8,526.25	\$448.75	\$355.26	\$20,612.94	\$13,398.41	\$7,214.53	\$379.71	\$300.61	\$17,913.71	\$13,398.41	\$4,515.30	\$237.65	\$188.14
Single	\$9,409.04	\$7,079.76	\$2,329.28	\$122.59	\$97.05	\$8,849.38	\$7,079.76	\$1,769.62	\$93.14	\$73.73	\$7,697.73	\$7,079.76	\$617.97	\$32.52	\$25.75
2 Ee/Fam	\$25,775.15	\$17,454.50	\$8,320.65	\$437.93	\$346.69	\$24,242.37	\$17,454.50	\$6,787.86	\$357.26	\$282.83	\$21,088.24	\$17,454.50	\$3,633.74	\$191.25	\$151.41