

Muncie Community Schools

Summary of Benefits 01/01/2022-12/31/2022

Plan A PPO

Plan B HDHP

	Traditional PPO Plan		High Deductible Health Plan	
	Network	Non-Network	Network	Non-Network
Deductible (Single/Family)	\$7,350/\$14,700	\$10,000/\$20,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	0%	0%	0%	30%
Out-of-Pocket Limit (Single/Family)	\$7,350/\$14,700	\$10,000/\$20,000	\$3,000/\$6,000	\$12,000/\$24,000
HRA/105 Contribution or HSA Contribution	\$2,850/\$5,700	\$2,850/\$5,700	\$500/\$1,000	\$500/\$1,000
Net Out of Pocket Limit (Single/Family)	\$4,500/\$9,000	\$7,150/\$14,300	\$3,000/\$6,000	\$12,000/\$24,000
Physician Office Visits (PCP/SCP)	Ded./Coins.	Ded./Coins.	Ded./Coins.	Ded./Coins.
Emergency Room	Ded./Coins.		Ded./Coins.	
Urgent Care	Ded./Coins.	Ded./Coins.	Ded./Coins.	Ded./Coins.
Prescription Drugs - Pharmacy				
<i>Generic</i>	\$10		Ded./Coins.	Ded./Coins.
<i>Brand</i>	35%			
<i>Non-Preferred/Non-formulary</i>	45%			
<i>Specialty</i>	45%			
Mail Order				
<i>Generic</i>	\$10		Ded./Coins.	Not Covered
<i>Brand</i>	35%			
<i>Non-Preferred/Non-formulary</i>	45%			
<i>Specialty</i>	45%			

Deductibles Apply to covered services listed with a percentage (%) coinsurance.

Monthly Rates

Employee

Employee + 1

Employee + Family

Refer to the 2022 Insurance Premiums Document

*MCS is contributing \$500/single and \$1,000/family to the HSAs of Plan B (HDHP) enrollees.