Side-by-Side Overview of the CCS Medical Plans - Effective 1-1-2024

Below is a **general overview** of covered benefits and what **YOU can expect to pay** when goods and services are **obtained from United Healthcare's Choice Plus network of providers.**

Refer to the Summary Plan Document (SPD) for full details of the Plan. To compare *your current coverage* to the Carmel Clay Schools coverage, refer to the Summary of Benefits and Coverage (SBC). Both documents may be found at www.ccs.k12.in.us.

Benefit	Standard Plan You Pay	High Deductible/HSA Plans You Pay
CCS Wellness Center Services Preventative Care (Wellness) PCP Office Visit Specialist Office Visit Physical Therapy Visit Chiropractic Office Visit Urgent Care Visit Emergency Room Visit	$0 - Covered in Full $0 - Covered in Full $30, no deductible $60, no deductible $30, no deductible $30, no deductible $75, no deductible $300, no deductible	$0 - Covered in Full $0 - Covered in Full $0, after the deductible is met $0, after the deductible is met $0, after the deductible is met $0, after the deductible is met $0, after the deductible is met $0, after the deductible is met
Deductible *(resets each January 1st)*		
Per Individual with a ***family limit*** of	$1,000 $2,000	Choice of $3,200 or $5000 $6,000 or $10,000
Coinsurance		
Ambulance Durable Medical Equipment Lab, X-Ray and Major Diagnostics Inpatient Hospitalization Outpatient Procedures & Services	20% after the individual's deductible has been met	Covered in Full, after the individual's deductible has been met
Out-of-Pocket Maximum *then eligible charges are paid @ 100%**		
Per Individual with a ***family limit*** of	$3,500 $7,000 ****Rx expenses DO NOT count toward OOP***	Individual deductible = OOP max $6,000 or $10,000 ****INCLUDES Rx expenses***
Prescription Drugs (Rx) *TrueScripts Formulary Drug Listing*		
Up to a quantity of 30 days Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand) Tier 4 (Specialty Medications) Up to a quantity of 90 days Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand)	 $20 $40 $75 20% (min of $100, max of $250) $40 $80 $150	Covered in Full, after the individual's deductible has been met