

Braymer C-4 School District OSBA Choice Medical Plans (2024-2025)

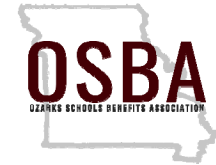


PPO Plans

Coverage Level	1000 Deductible PPO	1500 Deductible PPO	2000 Deductible PPO	3000 Deductible PPO
Employee	\$677.00	\$640.00	\$610.00	\$586.00
Employee + Spouse	\$1,422.00	\$1,344.00	\$1,281.00	\$1,231.00
Employee + Child	\$1,032.00	\$976.00	\$930.00	\$894.00
Employee + Child(ren)	\$1,202.00	\$1,136.00	\$1,083.00	\$1,041.00
Employee + Family	\$1,879.00	\$1,775.00	\$1,692.00	\$1,627.00
In-Network Services	Choice Plus II	Choice Plus II	Choice Plus II	Choice Plus II
General Provisions				
Deductible: Individual	\$1,000	\$1,500	\$2,000	\$3,000
Deductible: Family	\$3,000	\$4,500	\$6,000	\$9,000
Max out-of-pocket: Individual	\$5,000	\$5,500	\$6,500	\$7,500
Max out-of-pocket: Family	\$10,000	\$11,000	\$13,000	\$15,000
Copays & Coinsurance				
Primary Care Physician (PCP)	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Specialists Physician	\$50 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Teledoc Online Doctors Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Facility	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
Hospitalization: Emergency Room	\$250 Copay	\$250 Copay	\$300 Copay	\$300 Copay
Hospitalization: Inpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays				
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	(Out of Network)	(Out of Network)	(Out of Network)	(Out of Network)
Deductible: Individual	\$4,000	\$5,000	\$6,000	\$8,000
Deductible: Family	\$12,000	\$15,000	\$18,000	\$24,000
Maximum out-of-pocket: Individual	\$10,000	\$11,000	\$13,000	\$15,000
Maximum out-of-pocket: Family	\$20,000	\$22,000	\$26,000	\$30,000

*Red text indicates plan changes from prior plan year.

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HSA Plans

Coverage Level	3200 Deductible HSA	4500 Deductible HSA	5500 Deductible HSA	6500 Deductible HSA
Employee	\$572.00	\$528.00	\$508.00	\$468.00
Employee + Spouse	\$1,200.00	\$1,108.00	\$1,067.00	\$982.00
Employee + Child	\$872.00	\$805.00	\$775.00	\$713.00
Employee + Child(ren)	\$1,015.00	\$937.00	\$902.00	\$830.00
Employee + Family	\$1,586.00	\$1,464.00	\$1,411.00	\$1,298.00
In-Network Services	Choice Plus II	Choice Plus II	Choice Plus II	Choice Plus II
General Provisions				
Deductible: Individual	\$3,200	\$4,500	\$5,500	\$6,500
Deductible: Family	\$6,400	\$9,000	\$11,000	\$13,000
Max out-of-pocket: Individual	\$4,700	\$6,500	\$6,500	\$7,400
Max out-of-pocket: Family	\$9,400	\$13,000	\$13,000	\$14,800
Copays & Coinsurance				
Primary Care Physician (PCP)	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible
Specialists Physician	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible
Teledoc Online Doctors Visit	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible
Urgent Care Facility	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible
Hospitalization: Emergency Room	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Prescriptions Copays				
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)
Limited Preventative RX Plus	0%	0%	0%	0%
Out-Of-Network Services	(Out of Network)	(Out of Network)	(Out of Network)	(Out of Network)
Deductible: Individual	\$8,000	\$11,000	\$13,000	\$13,500
Deductible: Family	\$16,000	\$22,000	\$26,000	\$27,000
Maximum out-of-pocket: Individual	\$12,250	\$16,625	\$17,250	\$18,250
Maximum out-of-pocket: Family	\$25,000	\$33,250	\$35,000	\$36,500

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