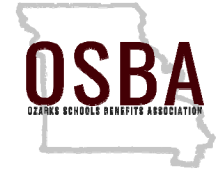


## Braymer C-4 School District OSBA Choice Medical Proposal (2025-2026)



### PPO Plans

| Coverage Level                    | 1000 Deductible PPO          | 1500 Deductible PPO          | 2000 Deductible PPO          | 3000 Deductible PPO          |
|-----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Employee                          | \$718.00                     | \$678.00                     | \$646.00                     | \$622.00                     |
| Employee + Spouse                 | \$1,508.00                   | \$1,424.00                   | \$1,357.00                   | \$1,306.00                   |
| Employee + Child                  | \$1,095.00                   | \$1,034.00                   | \$985.00                     | \$949.00                     |
| Employee + Child(ren)             | \$1,274.00                   | \$1,203.00                   | \$1,147.00                   | \$1,104.00                   |
| Employee + Family                 | \$1,992.00                   | \$1,881.00                   | \$1,793.00                   | \$1,726.00                   |
| <b>In-Network Services</b>        | <b>Choice Plus II</b>        | <b>Choice Plus II</b>        | <b>Choice Plus II</b>        | <b>Choice Plus II</b>        |
| <b>General Provisions</b>         |                              |                              |                              |                              |
| 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                     |
| <b>Copays &amp; Coinsurance</b>   |                              |                              |                              |                              |
| 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         |
| <b>Prescriptions Copays</b>       |                              |                              |                              |                              |
| 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               |
| <b>Out-Of-Network Services</b>    | <b>(Out of Network)</b>      | <b>(Out of Network)</b>      | <b>(Out of Network)</b>      | <b>(Out of Network)</b>      |
| 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                     |

# Braymer C-4 School District OSBA Choice Medical Proposal (2025-2026)



## HSA Plans

| Coverage Level                    | 3300 Deductible HSA                      | 4500 Deductible HSA                      | 5500 Deductible HSA                      | 6500 Deductible HSA                      |
|-----------------------------------|--|--|--|--|
| Employee                          | \$606.00                                 | \$559.00                                 | \$539.00                                 | \$496.00                                 |
| Employee + Spouse                 | \$1,273.00                               | \$1,174.00                               | \$1,132.00                               | \$1,042.00                               |
| Employee + Child                  | \$924.00                                 | \$852.00                                 | \$822.00                                 | \$756.00                                 |
| Employee + Child(ren)             | \$1,076.00                               | \$992.00                                 | \$957.00                                 | \$880.00                                 |
| Employee + Family                 | \$1,682.00                               | \$1,551.00                               | \$1,496.00                               | \$1,376.00                               |
| <b>In-Network Services</b>        | <b>Choice Plus II</b>                    | <b>Choice Plus II</b>                    | <b>Choice Plus II</b>                    | <b>Choice Plus II</b>                    |
| <b>General Provisions</b>         |  |  |  |  |
| Deductible: Individual            | \$3,300                                  | \$4,500                                  | \$5,500                                  | \$6,500                                  |
| Deductible: Family                | \$6,600                                  | \$9,000                                  | \$11,000                                 | \$13,000                                 |
| Max out-of-pocket: Individual     | \$4,800                                  | \$6,500                                  | \$6,500                                  | \$7,400                                  |
| Max out-of-pocket: Family         | \$9,600                                  | \$13,000                                 | \$13,000                                 | \$14,800                                 |
| <b>Copays &amp; Coinsurance</b>   |  |  |  |  |
| 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                     |
| <b>Prescriptions Copays</b>       |  |  |  |  |
| 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%                                       |
| <b>Out-Of-Network Services</b>    | <b>(Out of Network)</b>                  | <b>(Out of Network)</b>                  | <b>(Out of Network)</b>                  | <b>(Out of Network)</b>                  |
| 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                                 |

\*Red text indicates plan changes from prior plan year.