

Patterson JUSD EPO Plans Effective 10/01/2025 - 09/30/2026				
MEMBER RESPONSIBILITY				
Annual Limits and Co-Insurance	Plan 1	Plan 2	Plan 3	Plan 4
Calendar Year Deductible (Individual)	\$0	\$100	\$250	\$500
Calendar Year Deductible (Family)	\$0	\$200	\$500	\$1,000
Calendar Year Out-of-Pocket Maximum (Individual OOPM)	\$0	\$1,250	\$2,000	\$3,250
Calendar Year Out-of-Pocket Maximum (Family OOPM)	\$0	\$2,500	\$4,000	\$6,500
Coinsurance	No Charge	10% After Deductible	20% After Deductible	20% After Deductible
Office Visits	MEMBER RESPONSIBILITY			
Preventive Care/Immunizations	No Charge	No Charge	No Charge	No Charge
Doctor Visits (Primary Care)	\$0	\$10	\$20	\$25
Doctor Visits (Specialists)	\$0	\$20	\$40	\$50
Urgent Care	\$0	\$10	\$20	\$25
Chiropractic	\$0	\$10	\$20	\$25
Physical Therapy	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Prescriptions Drugs	MEMBER RESPONSIBILITY			
Tier 1	\$0	\$5 Copay	\$5 Copay	\$5 Copay
Tier 2	\$0	\$10 Copay	\$10 Copay	\$10 Copay
Tier 3	\$0	\$25 Copay	\$25 Copay	\$25 Copay
Tier 4	\$0	\$50 Copay	\$50 Copay	\$50 Copay
Mail Order - Tier 1/Tier 2	\$0 After Mail-In Reimbursement	\$10/\$20 After Mail-In Reimbursement	\$10/\$20 After Mail-In Reimbursement	\$10/\$20 After Mail-In Reimbursement

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MEMBER RESPONSIBILITY				
Ambulance and DME	Plan 1	Plan 2	Plan 3	Plan 4
Ambulance-Ground/Air	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Durable Medical Equipment	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Laboratory and Radiology	MEMBER RESPONSIBILITY			
Outpatient Diagnostic Tests and or Imaging	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Radiation Therapy Chemotherapy	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Substance Abuse and Mental Health	MEMBER RESPONSIBILITY			
Telephonic Medical Services	No Charge	No Charge	No Charge	No Charge
Mental Health In & Out Patient	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Substance Abuse In & Out Patient	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Hospital	MEMBER RESPONSIBILITY			
Outpatient Surgery	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Hospital Inpatient	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Emergency Room	\$0	10% After Deductible	20% After Deductible	20% After Deductible
Home Health Care	\$0	10% After Deductible	20% After Deductible	20% After Deductible
2025-2026 Rates	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only	\$ 1,263.00	\$ 1,176.00	\$ 1,083.00	\$ 827.00
Employee + 1	\$ 2,173.00	\$ 2,023.00	\$ 1,863.00	\$ 1,423.00
Employee + 2 or more	\$ 2,741.00	\$ 2,552.00	\$ 2,350.00	\$ 1,794.00