CITY OF ST. CHARLES SCHOOL DISTRICT
MEDICAL SUMMARY
Renewal Date: January 1, 2026

FEATURES:	UMR Medical with United Healthcare PPO/Caremark CVS Rx					
	QHDHP - H.S.A. Plan		Base PPO		Premium Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible:	$3,500	$7,000	$1,000	$2,000	$500	$1,000
Family Deductible:	$7,000	$14,000	$2,000	$4,000	$1,000	$2,000
	Embedded					
Co-Insurance:	90%	70%	**90%**	60%	90%	70%
Out of Pocket Maximum: (Incl. Ded.)						
Individual:	$4,500	$14,000	***$5,000***	***$10,000***	***$4,500***	***$9,000***
Family:	$9,000	$28,000	***$10,000***	***$20,000***	***$9,000***	***$18,000***
Office Care						
The Bridge Health Center	***Fair Market Cost TBD***		***$0 Cost to Member***		***$0 Cost to Member***	
Office Visits PCP:	Deductible & Coinsurance		$40 Co-Pay	Deductible &	$35 Co-Pay	Deductible &
Specialist:	Deductible & Coinsurance		$60 Co-Pay	Coinsurance	$50 Co-Pay	Coinsurance
Preventive Care (via healthcare reform)	*100%*		*100%*		*100%*	
Outpatient Lab Work						
The Bridge Health Center	***Fair Market Cost TBD***		***$0 Cost to Member***		***$0 Cost to Member***	
Office Setting/Free Standing Lab:	Deductible & Coinsurance		Ded. & Coins or co-pay	Ded. & Coins.	Ded. & Coins. or co-pay	Ded. & Coins.
Outpatient and Inpatient Hospital & X-Ray:	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Acute Care						
The Bridge Health Center	***Fair Market Cost TBD***		***$0 Cost to Member***		***$0 Cost to Member***	
Urgent Care	Deductible & Coinsurance		$150 Co-Pay	Ded. & Coins.	$125 Co-Pay	Ded. & Coins.
Emergency Room:	Deductible & Coinsurance		$300 Co-Pay (Waived if Admitted)		$250 Co-Pay (Waived if Admitted)	
*Prescription Drug Coverage:	Deductible & Coinsurance		**(No Deductible)** $10/30/70 **No Separate OOP Max**		$10/25/50 Co-Pay at **No Separate OOP Max**	
Mail Order Drug Coverage:	Ded. & Coins.	Not Covered	$150 Ded, 2 x Co-Pay for 90 Days		2 x Co-pay for 90 Days	
District Contribution to H.S.A.	***$1,200 Annually***		n/a		n/a	