


# Willard Public Schools Medical Plan Summary & Rates as of July 1-June 30 2027

	MERCY NETWORK PLANS			COX NETWORK PLANS			CIGNA DUAL ACCESS NETWORK PLANS	
	\$3000 Mercy PPO	\$3400 Mercy HDHP	\$6000 Mercy HDHP	\$3000 Cox PPO	\$3400 Cox HDHP	\$6000 Cox HDHP	\$1800 Cigna Dual PPO	\$3500 Cigna Dual HDHP
Plan Description	In Network Benefits	In Network Benefits	In Network Benefits	In Network Benefits	In Network Benefits	In Network Benefits	In Network Benefits	In Network Benefits
Individual Deductible	\$3,000	\$3,400	\$6,000	\$3,000	\$3,400	\$6,000	\$1,800	\$3,500
Family Deductible	\$6,000	\$6,800	\$12,000	\$6,000	\$6,800	\$12,000	\$3,000	\$7,000
Individual Out of Pocket Max	\$7,500	\$5,000	\$8,000	\$7,500	\$5,000	\$8,000	\$6,000	\$7,000
Family Out of Pocket Max	\$15,000	\$10,000	\$16,000	\$15,000	\$10,000	\$16,000	\$12,000	\$14,000
Coinsurance	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	70%/30%	80%/20%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Copay Covered Services (PPO Plans)</b>								
Office Visit-Primary Care**	\$20 copay	20% AD*	20% AD*	\$25 copay	20% AD*	20% AD*	\$25 copay	20% AD*
Office Visit- Specialist**	\$40 copay	20% AD*	20% AD*	\$50 copay	20% AD*	20% AD*	\$50 copay	20% AD*
Preventive Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic	\$40 copay	20% AD*	20% AD*	\$50 copay	20% AD*	20% AD*	\$50 copay	20% AD*
Physical Therapy Hospital /Outpatient Setting	\$40 copay	20% AD*	20% AD*	\$50 copay	20% AD*	20% AD*	\$50 copay	20% AD*
Urgent Care***	\$75 copay	20% AD*	20% AD*	\$75 copay	20% AD*	20% AD*	\$50 copay	20% AD*
Emergency Room (*copay waived if admitted)	\$350 copay	20% AD*	20% AD*	\$350 copay	20% AD*	20% AD*	\$200 copay + 30%	20% AD*
<b>Covered Services AFTER DEDUCTIBLE</b>								
Outpatient Lab Services	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	\$0 copay	20% AD*
Outpatient Radiology	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	30% AD*	20% AD*
Inpatient/Outpatient Hospital Care	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	30% AD*	20% AD*
Surgeries In Physician Office Setting	2 visits per calendar year at Office Visit copay, additional visits 20% AD*	20% AD*	20% AD*	2 visits per calendar year at Office Visit copay, additional visits 20% AD*	20% AD*	20% AD*	2 visits per calendar year at Office Visit copay, additional visits 30% AD*	20% AD*
Inpatient Injectables	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	20% AD*	30% AD*	20% AD*
Outpatient Injectables	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program	\$0 through SMBC Program
<b>Pharmacy</b>								
Generic	\$10 copay	\$10 copay AD*	\$10 copay AD*	\$15 copay	\$10 copay AD*	\$10 copay AD*	\$15 copay	\$10 copay AD*
Formulary Brand	\$35 copay	\$35 copay AD*	\$35 copay AD*	\$35 copay	\$35 copay AD*	\$35 copay AD*	\$35 copay	\$35 copay AD*
Non-Formulary Brand	\$75 copay	\$75 copay AD*	\$75 copay AD*	\$75 copay	\$75 copay AD*	\$75 copay AD*	\$75 copay	\$75 copay AD*
Specialty Medications	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****	Excluded unless through MAP****
<b>2026-2027 Rates</b>								
Employee Only	\$20	\$19 (HSA contribution)	\$96 (HSA Contribution)	\$31	\$8 (HSA Contribution)	\$87 (HSA Contribution)	\$139	\$9
Employee & Spouse	\$700	\$614	\$528	\$724	\$627	\$540	\$926	\$654
Employee & Child(ren)	\$492	\$424	\$365	\$514	\$433	\$373	\$682	\$454
Family	\$1,119	\$998	\$859	\$1,153	\$1,020	\$878	\$1,420	\$1,059

This is a partial description of the benefits offered. It does not include all the terms, coverage, exclusions, limitations and conditions of the actual policy. See the policies and contracts for the actual language. The Summary of Benefits (SBC) and Plan Documents will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of HPMG.

- \* AD - After Deductible
- \*\* Office Visit copay applies only to an Office Visit setting. If billed as an Outpatient setting, charges will apply to the Deductible and Coinsurance.
- \*\*\* Urgent Care charges apply to the Deductible &/or Coinsurance if billed as Hospital or Outpatient services.
- \*\*\*\*Manufacturer Assistance Program

Employee cost includes board allowance up to the lowest cost premium, not to exceed \$577  
 Board Paid Contribution towards the HSA is based on enrollment into the plan AND eligibility