PfISD Benefits Summary

Which Plan is Right for You?

	High Plan In-Network	Mid Plan In-Network	Low Plan In-Network
Employee Only	$285	$127	$50
Employee + Spouse	$1000	$730	$650
Employee + Child(ren)	$780	$495	$440
Family	$1450	$1,100	$1,000

	High Plan In-Network	Mid Plan In-Network	Low Plan In-Network
Individual Deductible	$2,000	$4,000	$6,000
Family Deductible	$4,000	$8,000	$12,000
Co-insurance Paid by the Plan	80%	70%	70%
Individual Maximum Out of Pocket	$7,000	$8,000	$8,500
Family Maximum Out of Pocket	$14,000	$16,000	$17,000
Primary Office Visit	$35 Copay	$40 Copay	$50 Copay
Specialist Office Visit	$50 Copay	$60 Copay	$80 Copay
Virtual Office Visit	$0 Copay	$0 Copay	$0 Copay
Inpatient Hospital	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible
Emergency - Facility	$500 Copay +	$500 Copay +	$500 Copay +
Emergency - Physician	80% after deductible	70% after deductible	70% after deductible
Urgent Care	$50 Copay	$60 Copay	$80 Copay
Retail Prescription Drugs (30 Days)	Generic: $10 Preferred Brand: $40 Non-preferred: $60 Specialty: 10% up to $2,500	Generic: $15 Preferred Brand: $50 Non-preferred: $75 Specialty: 10% up to $2,500	Generic: $20 Preferred Brand: $60 Non-preferred: $90 Specialty: 10% up to $2,500
Mail Order Prescription Drugs (90 Days)	3X Retail	3X Retail	3X Retail

For more information or additional assistance, call our Customer Experience Team at 833-841-6703.

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