SPPS Medical Plan Comparison Chart for Educational Assistants, School and Community Professionals and Teachers

PLAN PROVISION	PEIP HIGH PLAN IN-NETWORK BENEFITS				PEIP HSA COMPATIBLE PLAN IN-NETWORK BENEFITS			
	COST LEVEL 1	COST LEVEL 2	COST LEVEL 3	COST LEVEL 4	COST LEVEL 1	COST LEVEL 2	COST LEVEL 3	COST LEVEL 4
Deductible[1]	$250/$500	$400/$800	$750/$1,500	$1,500/$3,000	$1,750/$4,000	$2,250/$4,500	$3,250/$6,500	$4,250/$8,500
Out-of-Pocket Maximum[2,3]	$1,700/$3,400	$1,700/$3,400	$2,400/$4,800	$3,600/$7,200	$3,250/$6,500	$3,250/$6,500	$4,250/$8,500	$5,250/$10,500
Preventive Care	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost
Office Visits	$35 after deductible	$40 after deductible	$70 after deductible	$90 after deductible	$45 after deductible	$55 after deductible	$105 after deductible	$130 after deductible
Convenience Clinics	No cost	No cost	No cost	No cost	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible
Advanced Radiology	10% after deductible	15% after deductible	25% after deductible	30% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Lab/X-Ray	10% after deductible	10% after deductible	20% after deductible	25% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Chiropractic	$35 after deductible	$40 after deductible	$70 after deductible	$90 after deductible	$45 after deductible	$55 after deductible	$105 after deductible	$130 after deductible
Outpatient Surgery	$60 after deductible	$120 after deductible	$250 after deductible	25% after deductible	$250 after deductible	$400 after deductible	$800 after deductible	50% after deductible
Urgent Care	$35 after deductible	$40 after deductible	$70 after deductible	$90 after deductible	$45 after deductible	$55 after deductible	$105 after deductible	$130 after deductible
Emergency Room	$100	$125	$150	$350	$250 after deductible	$300 after deductible	$350 after deductible	$600 after deductible
Ambulance	5% after deductible	5% after deductible	20% after deductible	25% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Inpatient Hospital Services	$100 after deductible	$200 after deductible	$500 after deductible	25% after deductible	$400 after deductible	$650 after deductible	$1,500 after deductible	50% after deductible
MONTHLY COST								
Employee Only	$1,254.90				$848.58			
Employee + 1	$2,797.92				$1,889.96			
Family	$3,200.14				$2,161.36			
PRESCRIPTION DRUGS								
Rx Out-of-Pocket Maximum	$1,050/$2,100				Combined with Medical			
Tier 1	$18				$30 after deductible			
Tier 2	$30				$50 after deductible			
Tier 3	$55				$75 after deductible			

[1] For the HSA Compatible plan the family tier has a per person deductible with the maximum for the family displayed. Per member deductible is: Level 1 - $3,500; Level 2 - $3,750; Level 3 - $5,250; Level 4 - $6,750.

[2] For the Advantage plan there is a separate Rx out-of-pocket maximum.

[3] For the HSA Compatible plan the family tier has a per person out-of-pocket with the maximum for the family displayed. Per member out-of-pocket is: Level 1 and 2 - $5,250; Level 3 and 4 - $7,250.

All coinsurance amounts listed reflect the amount the member may be charged.