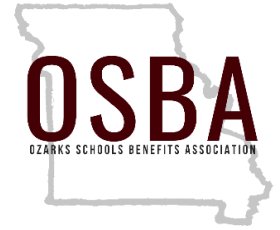


Warren County R-III School District 2021-2022



District Medical Funding: \$560.21 FT | \$280.11 PT

Coverage Level	\$1,500 Deductible PPO	\$2,000 Deductible PPO	\$2,500 Deductible PPO	\$3,500 Deductible PPO	\$3,500 Deductible HSA	\$5,000 Deductible HSA	\$6,000 Deductible HSA
Employee	\$626.17	\$587.66	\$560.21	\$538.50	\$528.74	\$500.78	\$481.38
Employee + Spouse	\$1,314.96	\$1,234.09	\$1,176.44	\$1,130.85	\$1,110.35	\$1,051.64	\$1,010.90
Employee + Child	\$954.91	\$896.18	\$854.32	\$821.21	\$806.33	\$763.69	\$734.10
Employee + Child(ren)	\$1,111.45	\$1,043.10	\$994.37	\$955.84	\$938.51	\$888.88	\$854.45
Employee + Family	\$1,737.62	\$1,630.76	\$1,554.58	\$1,494.34	\$1,467.25	\$1,389.66	\$1,335.83
In-Network Services	Blue Access Choice	Blue Access Choice	Blue Access Choice	Blue Access Choice	Blue Access Choice	Blue Access Choice	Blue Access Choice
General Provisions							
Deductible: Individual	\$1,500	\$2,000	\$2,500	\$3,500	\$3,500	\$5,000	\$6,000
Deductible: Family	\$4,500	\$6,000	\$7,500	\$10,500	\$7,000	\$10,000	\$12,000
Max out-of-pocket: Individual	\$4,500	\$5,000	\$6,000	\$7,000	\$4,500	\$6,250	\$6,500
Max out-of-pocket: Family	\$9,000	\$10,000	\$12,000	\$14,000	\$9,000	\$12,500	\$13,000
Copays & Coinsurance							
Primary Care Physician (PCP)	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible
Specialists Physician	\$50 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible
Online Doctor Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Urgent Care Facility	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible
Hospitalization: Emergency Room	\$250 Copay	\$250 Copay	\$300 Copay	\$300 Copay	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	0% after Deductible	0% after Deductible	0% after Deductible
Hospitalization: Outpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	0% after Deductible	0% after Deductible	0% after Deductible
Prescription Copays							
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0%	0%	0%
Out-Of-Network Services							
Deductible: Individual	\$3,000	\$4,000	\$5,000	\$7,000	\$7,000	\$10,000	\$12,000
Deductible: Family	\$9,000	\$12,000	\$15,000	\$21,000	\$14,000	\$20,000	\$24,000
Maximum out-of-pocket: Individual	\$9,000	\$10,000	\$12,000	\$14,000	\$11,250	\$15,625	\$16,250
Maximum out-of-pocket: Family	\$18,000	\$20,000	\$24,000	\$28,000	\$22,500	\$31,250	\$32,500