

## SPRINGFIELD SCHOOL DISTRICT HEALTH PLAN OPTIONS JANUARY 2024

Mercy Provider Network Self-Insured/MED-PAY	1/1/2024	1/1/2024	1/1/2024
Plan Name	Buy-up	Base	H.S.A. 4000
Deductible Style	Embedded	Embedded	Embedded
<b>Deductible (in-network)</b>	\$1,000/\$3,000 - Medical \$200 - Rx (Tiers 3 & 4)	\$2,000/\$5,000 - Medical \$250 - Rx (Tiers 3 & 4)	\$4,000/\$8,000
<b>Out of Pocket Maximum (in-network)</b>	\$5,000/\$10,000 - Medical and Rx	\$6,600 / \$13,200	\$6,350/\$12,700
<b>Coinsurance (ER/EE)</b>	75/25	75/25	100/0
<b>Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Generic Prescription</b>	\$5 copay	\$10 copay	\$10 after deductible
<b>Preferred Brand Name</b>	\$20 copay	\$30 copay	\$20 after deductible
<b>Non-Preferred Brand Name</b>	\$50 copay after Rx deductible	\$60 copay after Rx deductible	\$30 after deductible
<b>Specialty Drugs*</b>	20% copay after Rx deductible, up to \$2,500 max per calendar year	20% copay after Rx deductible, up to \$2,500 max per calendar year	\$30 after deductible
<b>90 Day Supply</b>	2 times monthly copay (Rx deductible applies to tiers 3 & 4)	2 times monthly copay (Rx deductible applies to tiers 3 & 4)	2 times monthly copay after deductible (deductible applies to all tiers)
<b>Office Visit</b>	\$30 copay	\$40 copay	Deductible
<b>Specialist Office Visit</b>	\$60 copay	\$80 copay	Deductible
<b>ER Copay</b>	\$250 copay + 25% After Deductible	\$250 copay + 25% After Deductible	Deductible
<b>Hospital Facility Copay</b>	\$200 Ded per confinement, then 25% After Deductible	\$200 Ded per confinement, then 25% After Deductible	Deductible
<b>Urgent Care</b>	\$60 copay	\$80 copay	Deductible
<b>Outpatient Facility Copay</b>	25% After Deductible	25% After Deductible	Deductible
<b>Stipend for Waiving Coverage?</b>	No	No	No
<b>Premiums-Employee MONTHLY Cost</b>			
<b>EE</b>	\$65.00	\$0.00	\$0.00
<b>EE/Sp</b>	\$694.00	\$565.00	\$489.00
<b>EE/1 Child</b>	\$436.00	\$334.00	\$289.00
<b>EE/Children</b>	\$505.00	\$396.00	\$343.00
<b>Family</b>	\$864.00	\$718.00	\$621.00
<b>Notes</b>			*The annual HSA amount of \$912 will be distributed Monthly/Semi-Monthly and will be prorated as applicable *Not Eligible to contribute to an H.S.A. if you are enrolled in Medicare
			*If you are on Medicare, or approaching Medicare eligibility, the H.S.A 5000 is not considered creditable coverage in terms of Medicare Part D.