

**STATEWIDE SCHOOLS PPO and ECONOMY PPO MATRIX
2019-2020**

| | PPO | HSA/PPO Economy |
|--|---|--|
| Deductible | \$1500 Individual/\$3000 Family | \$3000 Individual/\$6000 Family |
| Coinsurance | In-Network 80% Out-of- Network 60% | In-Network 70% Out-of- Network 50% |
| Maximum Per Person Out of Pocket | \$4500 \$6500 | \$5800 \$11,600 |
| Prescription Drug Retail | Generic - \$10 copay Name brand/Formulary \$250 deductible - \$30 copay Non-Formulary - \$50 copay | Retail: Preventative RX on approved list covered 100%, will not apply to deductible. All other RX (Subject to deductible & coinsurance after retail drug card discount at retail pharmacy) |
| Mail Order | Same as Retail | Same as Retail |
| 4th Quarter Carryover | None | None |
| Accident Benefit | None | None |
| Wellness/Preventive *Annual/Routine exam (Mammogram, PSA Tests, Cholesterol Panel, Colonoscopy without procedure) | *(In-Network Coverage Only) 100% for listed services Out-of-Network, subject to full deductible and coinsurance | *(In-Network Coverage Only) 100% for listed services Out-of-Network, subject to full deductible and coinsurance |
| *Well-Baby exams | See Wellness above | See Wellness above |
| *Immunizations | 100% for listed immunizations | 100% for listed immunizations |
| *Physician Office Visit | \$20 co-payment | Subject to deductible and coinsurance |
| MD Live-Telehealth | \$0 co-pay NOT subject to deductible | \$45 Applies to deductible |
| Laboratory/x-ray Physician Services Hospital Services Ambulance | 80% In-Network after deductible 60% Out-of-Network after deductible | Subject to deductible and coinsurance |
| Mental Health | \$20 co-payment (In-network) | Subject to deductible and coinsurance |
| Emergency Room | \$100 copay if not admitted | \$100 copay if not admitted |
| HSA Eligible | No | Yes |

***Life insurance is still provided separately by the district through one policy.**

SPECIAL ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your newly acquired dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.