

Bartholomew Consolidated School Corporation
Summary of Benefits 01/01/2020-12/31/2020
Approved by Health Trust June 3, 2019

	PPO Plan						HDHP 1 - Embedded											
	Current			Proposed			Current			Proposed								
Medical	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3						
Deductible (Single/Family)	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,500	\$5,000/\$10,000	\$6,000/\$12,000						
Coinsurance	85% (plan) 15% (member)	75% (plan) 25% (member)	60% (plan) 40% (member)	85% (plan) 15% (member)	65% (plan) 35% (member)	55% (plan) 45% (member)	85% (plan) 15% (member)	75% (plan) 25% (member)	60% (plan) 40% (member)	100% plan paid coinsurance after meeting deductible								
Out-of-Pocket Max (Single/Family)	\$2,750/\$5,500	\$4,000/\$7,000	\$5,000/\$10,000	\$3,000/\$6,000	\$4,500/\$9,000	\$7,000/\$14,000	\$4,000/\$8,000	\$5,500/\$10,000	\$6,500/\$12,000									
Physician Office Visits	Ded/Coins.			Ded/Coins.			Ded/Coins.	Ded/Coins.	Ded/Coins.									
Emergency Room																		
Urgent Care																		
Prescription Drugs	All Rx apply to medical deductible			All Rx apply to medical deductible			All Rx apply to medical deductible											
Generic Co-Pay	\$12			\$12			\$12											
Brand copay	\$40			\$40			\$40											
Non-formulary/Specialty copay	\$75			Greater of \$100 or 20%			\$75											
Mail Order Prescriptions (90 days)																		
Generic										\$24			\$24			\$24		
Brand										\$80			\$80			\$80		
Non-formulary/Specialty										\$150			Greater of \$200/20%			\$150		