

Bay District Schools Medical Plans

| | | | | H.S.A. |
|---|---------------------|--------------------------|--|----------------------------|
| | | Blue Choice 317 | Blue Options 03900 | Blue Options 05192/05193 |
| | | In-Network | In-Network | In-Network |
| Deductible | | | | |
| | Individual | \$500 | \$2,000 | \$2,500 |
| | Family | \$1,500 | Per Person | \$5,000 |
| Coinsurance | | 20% | 30% | 20% |
| Out-of-Pocket Maximum | | | | |
| | Individual | \$2,000 | \$6,350 | \$5,800 |
| | Family | \$6,000 | \$12,700 | \$11,600 |
| Out-Patient Hospital (Surgery) | | Deductible + Coinsurance | \$300 Copay | Deductible + Coinsurance |
| In-Patient Hospital | | Deductible + Coinsurance | \$1500 Copay | Deductible + Coinsurance |
| Ambulatory Surgical Center | | Deductible + Coinsurance | Deductible + Coinsurance | Deductible + Coinsurance |
| Independent Clinical Lab | | Coinsurance (20%) | \$0 | Deductible |
| Outpatient Diagnostic Testing | | Deductible + Coinsurance | Deductible + Coinsurance | Deductible + Coinsurance |
| Advanced Imaging Facility Services | | Deductible + Coinsurance | \$200 Copay | Deductible + Coinsurance |
| Provider Services at Hosp/ER | | Deductible + Coinsurance | Deductible + Coinsurance | Deductible + Coinsurance |
| Emergency Room | | Deductible + Coinsurance | \$200 Copay | Deductible + Coinsurance |
| Ambulance Ground and Air Travel | | Deductible + Coinsurance | Deductible + Coinsurance | Deductible + Coinsurance |
| Urgent Care | | \$20 Copay | \$60 Copay | Deductible + Coinsurance |
| Office Visit - Family Phys | | \$20 Copay | \$35 Copay | Deductible + Coinsurance |
| Office Visit - Specialist | | Deductible + Coinsurance | \$50 Copay | Deductible + Coinsurance |
| Adult Wellness Benefit Max | | Limited | Covered at 100% | Covered at 100% |
| Prescription Drugs | | Retail | Retail | Retail |
| | Generic | Deductible + Coinsurance | \$10 Copay | Deductible then \$10 Copay |
| | Preferred Brand | Deductible + Coinsurance | 20% for Select Brand , or \$50 whichever is greater | Deductible then \$30 Copay |
| | Non-Preferred Brand | Deductible + Coinsurance | Not Covered | Deductible then \$50 Copay |

For Complete Details, please refer to the benefit summaries