

Bay District Schools Medical Plans				
	Blue Choice 317	Enhanced Blue Choice 0317	Blue Options 3900	HSA Blue Options 05192/05193
	In-Network	In-Network	In-Network	In-Network
Deductible				
Individual	\$500	\$500	\$2,000	\$2,500
Family	\$1,500	\$1,500	Per Person	\$5,000
Coinsurance	20%	20%	30%	20%
Out-of-Pocket Maximum				
Individual	\$2,000	\$2,000	\$6,350	\$5,800
Family	\$6,000	\$6,000	\$12,700	\$11,600
Out-Patient Hospital (Surgery)	Deductible + Coinsurance	Deductible + Coinsurance	\$300 Copay	Deductible + Coinsurance
In-Patient Hospital	Deductible + Coinsurance	Deductible + Coinsurance	\$1,500 Copay	Deductible + Coinsurance
Ambulatory Surgical Center	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Independent Clinical Lab	Coinsurance (20%)	Coinsurance (20%)	\$0	Deductible
Outpatient Diagnostic Testing	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Advanced Imaging Facility Services	Deductible + Coinsurance	Deductible + Coinsurance	\$200 Copay	Deductible + Coinsurance
Provider Services at Hosp/ER	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance	\$250 Copay + Deductible + Coinsurance	\$200 Copay	Deductible + Coinsurance
Ambulance Ground and Air Travel	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	\$20 Copay	\$20 Copay	\$60 Copay	Deductible + Coinsurance
Office Visit - Family Phys	\$20 Copay	\$0 Copay	\$35 Copay	Deductible + Coinsurance
Office Visit - Specialist	Deductible + Coinsurance	\$25 Copay	\$50 Copay	Deductible + Coinsurance
Adult Wellness Benefit Max	Limited	Covered at 100%	Covered at 100%	Covered at 100%
Prescription Drugs	<i>Retail</i>	<i>Retail</i>	<i>Retail</i>	<i>Retail</i>
Generic	Deductible + Coinsurance	\$10 Copay	\$10 Copay	Deductible then \$10 Copay
Preferred Brand	Deductible + Coinsurance	\$30 Copay	20% for Select Brand , or \$50 whichever is greater	Deductible then \$30 Copay
Non-Preferred Brand	Deductible + Coinsurance	\$50 Copay	Not Covered	Deductible then \$50 Copay

****For complete details, please refer to each plans Benefit Summary****