## **School District of Elmbrook**

## HEALTH COVERAGE COMPARISON- January 1, 2020

UMR / CVS-Caremark	2019 HDHP/HSA	2020 HDHP/HSA
HRA / HSA District Contribution	\$1,000 / \$2,000	\$1,000 / \$2,000
Deductible	Non-Embedded	Non-Embedded
Tier 1 -Clinic	\$20	\$20
Tier 2- Premium Designated Providers	\$2,000 / \$4,000	\$2,000 / \$4,000
Tier 3 -In-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Tier 4- Out-of-Network (Single / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000
Coinsurance		
Tier 1- Clinic	100%	100%
Tier 2- Premium Designated Providers + non-rated specialties	100%	100%
Tier 3 -In-Network (Single / Family)	90%	85%
Tier 4- Out-of-Network (Single / Family)	70%	65%
Out-of-Pocket Max	Includes Ded, Coins and All	Includes Ded, Coins and All
Tion 1 Clinia	Medical Copays	Medical Copays
Tier 1- Clinic	\$3,000 / \$6,000	\$3,000 / \$6,000
Tier 2- Premium Designated Providers Tier 3 -In-Network (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000
Tier 4- Out-of-Network (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000 \$5,000 / \$10,000
Lifetime Maximum	\$5,000 / \$10,000 Unlimited	\$5,000 / \$10,000 Unlimited
Office Visits (Primary Care)	Unimited	Ommitted
Tier 1- Clinic	\$20	\$20
Tier 2- Premium Designated Providers + non-rated specialties	Ded, 100% Coins	Ded, 100% Coins
Tier 3 -In-Network (Single / Family)	Ded, 90% Coins	Ded, 85% Coins
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins	Ded, 65% Coins
Office Visits (Specialists)		
Tier 1- Clinic	\$20	\$20
Tier 2- Premium Designated Providers + non-rated specialties	Ded, 100% Coins	Ded, 100% Coins
Tier 3 -In-Network (Single / Family)	Ded, 90% Coins	Ded, 85% Coins
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins	Ded, 65% Coins
Routine/Preventive Care		
Tier 1- Clinic	100% Coverage	100% Coverage
Tier 2- Premium Designated Providers + non-rated specialties	100% Coverage	100% Coverage
Tier 3 -In-Network (Single / Family)	100% Coverage	100% Coverage
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins	Ded, 65% Coins
Inpatient Hospital Services		
Tier 1- Clinic	N/A	N/A
Tier 2- Premium Designated Providers + non-rated specialties	N/A	N/A
Tier 3 -In-Network (Single / Family)	Ded, 90% Coins	Ded, 85% Coins
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins	Ded, 65% Coins
Outpatient Hospital Services	¢20	¢20
Tier 1- Clinic Tier 2- Premium Designated Providers + non-rated specialties	\$20 N/A	\$20 N/A
Tier 3 -In-Network (Single / Family)	Ded, 90% Coins	Ded. 85% Coins
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins  Ded, 70% Coins	Ded, 65% Coins
Urgent Care	Ded, 70% Collis	Ded, 65% Coms
Tier 1- Clinic	\$20	\$20
Tier 2- Premium Designated Providers + non-rated specialties	Ded. 100% Coins	Ded, 100% Coins
Tier 3 -In-Network (Single / Family)	Ded, 90% Coins	Ded, 85% Coins
Tier 4- Out-of-Network (Single / Family)	Ded, 70% Coins	Ded, 65% Coins
Emergency Room	= 13, 1070 Como	223, 3270 20113
Tier 1- Clinic	N/A	N/A
Tier 2- Premium Designated Providers	N/A	N/A
Tier 3 -In-Network (Single / Family)	In Notwork Dad 000/ Color	In Nativork Dad 000/ Caire
Tier 4- Out-of-Network (Single / Family)	In-Network Ded, 90% Coins	In-Network Ded, 90% Coins
Prescription Drugs (ACA Maximum Out-of-Pockets Apply) - Advanced Control Formulary		
Preventive & OTC	Ded, 90% Coins	no cost
Generic	Ded, 90% Coins	Ded, 90% Coins
Preferred Brand	Ded, 90% Coins	Ded, 90% Coins
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Non-Preferred Brand Tier  Mail Order: Tier 1 / Tier 2 / Tier 3 plus mandatory maintenance medications	Ded, 90% Coins Ded, 90% Coins	Ded, 85% Coins Ded, 90% Coins