

FOCUS ON BENEFITS 2020 - 2021

Richland School District

HEALTH PLAN SUMMARIES – NEW HEALTH CARRIER

Effective July 1, 2020, we are changing our health plans to **Quartz Benefits**. We will continue to offer a choice in plans as illustrated below. The POS plan allows an out-of-network option for those who choose to use a provider outside the Quartz service area

About the Health Plan: In-network preventive care is covered at 100% without a deductible. For other services, these plans require a deductible before eligible services are paid. Plan year is July 1 through June 30.

| Provisions | HRA HMO Plan | HSA HMO Plan | HRA POS Plan | | HSA POS Plan | |
|---|--|--|--|---|--|---|
| | In-Network Only | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible per plan year | \$2,000 /single \$4,000/family | \$2,000 /single \$4,000/family | \$2,000 /single \$4,000/family | \$4,000 /single \$8,000/family | \$2,000 /single \$4,000/family | \$4,000 /single \$8,000/family |
| District's HRA Reimbursement Maximum | Second half of the in-network deductible \$1,000/single \$2,000/family | Not Applicable to HSA Plan | Second half of the in-network deductible \$1,000/single \$2,000/family | | Not Applicable to HSA Plan | |
| Out of Pocket Max <i>(applies to deductible, coinsurance, & med copays)</i> | \$2,000 /single \$4,000/family | \$2,000 /single \$4,000/family | \$2,000 /single \$4,000/family | \$5,000 /single \$10,000/family | \$2,000 /single \$4,000/family | \$5,000 /single \$10,000/family |
| Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i> | You pay \$25 per visit; deductible waived | You pay 0% after deductible | You pay \$25 per visit; deductible waived | You pay 20% after deductible | You pay 0% after deductible | You pay 20% after deductible |
| Preventive Services <i>Well child, Immunizations, Certain Prenatal Services, Screening</i> | You pay \$0 | You pay \$0 | You pay \$0 | You pay 20% after deductible (deductible waived for immunizations) | You pay \$0 | You pay 20% after deductible (deductible waived for immunizations) |
| Mental/ Behavioral/ Substance Use <i>Outpatient</i> | You pay \$25 per visit; deductible waived | You pay 0% after deductible | You pay \$25 per visit; deductible waived | You pay 20% after deductible | You pay 0% after deductible | You pay 20% after deductible |
| Emergency Room | You pay \$150 per visit; deductible waived | You pay 0% after deductible | You pay \$150 per visit; deductible waived | You pay \$150 per visit; deductible waived | You pay 0% after deductible | You pay 0% after deductible |
| Hospital | You pay 0% after deductible | You pay 0% after deductible | You pay 0% after deductible | You pay 20% after deductible | You pay 0% after deductible | You pay 20% after deductible |
| Prescription Drugs at a Participating Pharmacy <i>(30 day supply)</i> | Separate Rx out-of-pocket maximum - \$2,350 single/\$4,700 family Deductible waived | Rx expenses apply to medical out-of-pocket max; there is not a separate Rx out-of-pocket max | Separate RX out of pocket maximum - \$2,350 single/\$4,700 family Deductible waived | | RX expenses apply to medical out of pocket max; there is not a separate RX out of pocket max | |
| Value Generic Preferred Brand Non-Preferred Brand | You pay \$5 You pay \$10 You pay \$35 You pay \$60 | You pay 0% after in-network deductible | You pay \$5 You pay \$10 You pay \$35 You pay \$60 | | You pay 0% after in-network deductible | |

Please review your benefit plan summary document for more detailed coverage information.

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HEALTH PLAN PREMIUMS

The Richland School District pays the majority of your health plan premiums. The table below lists the entire monthly Quartz premium, the District's portion of the premium, and the portion paid by employees on a monthly basis.

| Coverage Tier | Total Monthly Premium | Monthly Premium Paid by the District | Monthly Premium Paid by Employees |
|---------------------|-----------------------|--------------------------------------|-----------------------------------|
| HMO HRA Plan | | | |
| Single | \$795.15 | \$699.73 | \$95.42 |
| Family | \$2,023.50 | \$1,780.68 | \$242.82 |
| HMO HSA Plan | | | |
| Single | \$783.60 | \$731.56 | \$52.04 |
| Family | \$1,994.11 | \$1,838.81 | \$155.30 |
| POS HRA Plan | | | |
| Single | \$857.23 | \$699.73 | \$157.50 |
| Family | \$2,181.48 | \$1,780.68 | \$400.80 |
| POS HSA Plan | | | |
| Single | \$858.58 | \$731.56 | \$127.02 |
| Family | \$2,184.92 | \$1,838.82 | \$346.10 |



Quartz's provider finder lets you easily search for doctors, facilities, and pharmacies in your network. Use your preferences to scale down your search and find a provider that fits your needs. See pages 9 - 10 for more information on the new Quartz website.

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your Summary of Benefit Coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call Customer Service at **800.362.3310** or call the phone number on the back of your ID card or visit QuartzBenefits.com.

Customer Service hours are:

M – TH: 7 a.m. to 6 p.m.

F: 7 a.m. to 5 p.m.