Medical Plan Comparison

PARK RIDGE-NILES SCHOOL DISTRICT 64

	PPO 750		PPO 1200		HDHP—PPO 1600[5]		HMO 20	BA HMO 30
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	HMO Illinois Network	Blue Advantage HMO Network
DEDUCTIBLE[1]								
Individual	$750	$1,500	$1,200	$2,400	$1,600[5]		N/A	N/A
Family	$1,500	$3,000	$2,400	$4,800	$3,200[3,5]		N/A	N/A
COINSURANCE	80%	60%	80%	60%	90%	70%	100%	100%
OUT-OF-POCKET LIMIT[1]								
Individual	$3,800	$6,800	$4,250	$7,700	$6,350[5]		$1,500	$1,500
Family	$7,600	$13,600	$8,500	$15,400	$12,700[4,5]		$3,000	$3,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	Unlimited
HOSPITAL SERVICES								
Hospital Inpatient Admission (annual 5 visit limit)	$150 copay then 80%*	$150 copay then 60%*	$150 copay then 80%*	$150 copay then 60%*	90%*	70%*	100%	100%
Inpatient Services	80%*	60%*	80%*	60%*	90%* ($125 on average)	70%*	100%	100%
Outpatient Services	80%*	60%*	80%*	60%*	90%*	70%*	100%	100%
Emergency Room	$150 copay then 90%*; inpatient copay applies if admitted		$150 copay, then 90%*; inpatient copay applies if admitted		90%*		$150 copay; copay waived if admitted	$150 copay; copay waived if admitted
PHYSICIAN SERVICES								
Inpatient Surgery	80%*	60%*	80%*	60%*	90%*	70%*	100%	100%
Outpatient Surgery	80%*	60%*	80%*	60%*	90%*	70%*	100%	100%
Primary Care Office Visits	$20 copay	60%*	$20 copay	60%*	90%*	70%*	$20 copay	$30 copay
Specialist Office Visits	$40 copay	60%*	$40 copay	60%*	90%*	70%*	$40 copay	$50 copay
Preventive Service**	100%*	60%*	100%	60%*	100%	70%*	100%	100%
Virtual Visits	$10 copay	N/A	$10 copay	N/A	$44 on average then 90%*	N/A	Check with your Medical Group	Check with your Medical Group
OTHER								
X-ray and Lab	80%*	60%*	80%*	60%*	90%*	70%*	100%	100%
Chiropractic[1] (annual 35 visit limit for PPO and HDHP)	80%*	60%*	80%*	60%*	90%*	70%*	Only if referred through PCP, then copay	Only if referred through PCP, then copay
Ambulance	80%*	60%*	80%*	60%*	90%*	70%*	100%	100%
Therapy: Occupational, Physical or Speech[1] (annual 60 visit limit for PPO and HDHP)	80%*	60%*	80%*	60%*	90%*	70%*	Only if referred through PCP, then copay	Only if referred through PCP, then copay
Acupuncture[1] ($3,000 annual benefit for PPO and HDHP)	80%*	60%*	80%*	60%*	90%*	70%*	Only if referred through PCP, then copay	Only if referred through PCP, then copay
PRESCRIPTION DRUGS	**Express Scripts**		**Express Scripts**		**Express Scripts**		**Prime Therapeutics**	**Prime Therapeutics**
Retail Pharmacy (30-day supply)	$10 Generic; $25 Formulary Brand; $50 Non-Formulary Brand		$10 Generic; $25 Formulary Brand; $50 Non-Formulary Brand		80%*		$20 Generic $40 Formulary Brand $70 Non-Formulary Brand $70 Self-Injectables	$20 Generic $40 Formulary Brand $70 Non-Formulary Brand $70 Self-Injectables
Mail Order (90-day supply)	$20 Generic; $50 Formulary Brand; $100 Non-Formulary Brand		$20 Generic; $50 Formulary Brand; $100 Non-Formulary Brand		80%*		$40 generic $80 Formulary Brand $140 Non-Formulary Brand $70 Self-Injectables	$40 Generic $80 Formulary Brand $140 Non-Formulary Brand $70 Self-Injectables
Prescription Out-of-Pocket Limits (Individual/Family)	$2,750 / $5,500		$2,750 / $5,500		Integrated with Medical		$1,000 / $2,000	$1,000 / $2,000
VISION	**VSP**		**VSP**		**VSP**		**EyeMed**	**EyeMed**
Annual Vision Exam	$10 copay	Reimbursed up to $45	$10 copay	Reimbursed up to $45	100% after $10 copay	Reimbursed up to $45	100%	100%
Hearing Benefit	Adults: 90%*; device up to $2,500/ear every 24 months Children: device $0 cost to member, *every 24 months*		Adults: 90%*; device up to $2,500/ear every 24 months Children: device $0 cost to member, *every 24 months*		Adults: 90%*; device up to $2,500/ear every 24 months Children: device $0 cost to member, *every 24 months*		Adults: device up to $2,500/ear every 24 months Children: device $0 cost to member, *every 24 months*	Adults: device up to $2,500/ear every 24 months Children: device $0 cost to member, *every 24 months*

*Subject to deductible.
**As directed by the U.S. preventive task force"
[1]Deductible, Out-of-Pocket, Chiropractic, Acupuncture, and therapy limits are based on a calendar year.
[2]Chiropractic care that is medically necessary is covered, maintenance care is not covered.
[3]If you are covering dependents and enrolled in the HDHP plan you must meet the family deductible prior to coinsurance.
[4]If you are covering dependents and enrolled in the HDHP plan, please note: once a family member meets the individual out-of-pocket limit, coinsurance benefits begin for that individual. No individual will contribute more than the individual out-of-pocket amount to the family out-of-pocket amount.
[5]Annually, The Department of Health and Human Services (HHS) establishes annual out-of-pocket or cost-sharing limits under the ACA for essential health benefits covered under an ACA-compliant plan.