SPRINGFIELD SCHOOL DISTRICT HEALTH PLAN OPTIONS JANUARY 2023

| Mercy Provider Network Self-Insured/MED-PAY | 1/1/2023 | 1/1/2023 | 1/1/2023 |
| :---: | :---: | :---: | :---: |
| Plan Name | Buy-up | Base | H.S.A. 4000 |
| Deductible Style | Embedded | Embedded | Embedded |
| Deductible (in-network) | \$1,000/\$3,000-Medical | \$2,000/\$5,000 - Medical | \$4,000/\$8,000 |
| Out of Pocket Maximum (in-network) | \$5,000/\$10,000 - Medical and Rx | \$6,600 / \$13,200 | \$6,350/\$12.700 |
| Coinsurance (ER/EE) | 75/25 | 75/25 | 100/0 |
| Maximum Benefit | Unlimited | Unlimited | Unlimited |
| Generic Prescription | \$5 copay | \$10 copay | \$10 after deductible |
| Preferred Brand Name | \$20 copay | \$30 copay | \$20 after deductible |
| Non-Preferred Brand Name | \$20 copay after Rx deductible | \$60 copay after Rx deductible | \$30 after deductible |
| Specialty Drugs* | $20 \%$ copay after Rx deductible, up to $\$ 2,500$ max per | \$60 after Rx deductible | \$30 after deductible |
| 90 Day Supply | 2 times monthly copay (Rx deductible applies to tiers 3 \& 4) | 2 times monthly copay ( Rx deductible applies to tiers 3 $\qquad$ | 2 times monthly copay after deductible (deductible applies to all tiers) |
| Office Visit | \$30 copay | \$40 copay | Deductible |
| Specialist Office Visit | \$60 copay | \$80 copay | Deductible |
| ER Copay | \$250 copay + 25\% After Deductible | \$250 copay + 25\% After Deductible | Deductible |
| Hospital Facility Copay | \$200 Ded per confinement, then 25\% After Deductible | \$200 Ded per confinement, then 25\% After Deductible | Deductible |
| Urgent Care | \$60 copay | \$80 copay | Deductible |
| Outpatient Facility Copay | 25\% After Deductible | 25\% After Deductible | Deductible |
| Stipend for Waiving Coverage? | No | No | No |
| Premiums-Employee MONTHLY Cost |  |  |  |
| EE | \$63.00 | \$0.00 | \$0.00 |
| EE/Sp | \$674.00 | \$548.00 | \$489.00 |
| EE/1 Child | \$423.00 | \$324.00 | \$289.00 |
| EE/Children | \$490.00 | \$384.00 | \$343.00 |
| Family | \$839.00 | \$697.00 | \$621.00 |
| Notes |  |  | *The annual HSA amount of $\$ 708$ will be distributed Monthly/Semi-Monthly and will be prorated as applicable <br> *Not Eligible to contribute to an H.S.A. if you are enrolled in Medicare |
|  |  |  | *If you are on Medicare, or approaching Medicare eligibility, the H.S.A 5000 is not considered creditable coverage in terms of Medicare Part D. |

