

# Allen County Schools Health Plan January 1, 2024 Benefit Plans

	Effective January 1, 2024			
	MDHP		HDHP	
	Network	Non-Network	Network	Non-Network
Benefit Period	Calendar Year		Calendar Year	
Dependent Age	26 - Removal End of Month		26 - Removal End of Month	
Lifetime Maximum	Unlimited		Unlimited	
Network/Non-Network Integration	Deductible: Integrated Coinsurance: Integrated		Deductible: Integrated Coinsurance: Separate	
<i>Integrated - Costs incurred for a non-network provider will apply to the network deductible, coinsurance limits and vice versa.</i>				
<i>Separate - Costs incurred for a non-network provider will only apply to the non-network deductible, coinsurance limits and vice versa.</i>				
Benefit Period Deductible – Single/Family	\$950 / \$1,900 Embedded Deductible - On a family contract, no one family member will pay more than a single contract.	\$1,900 / \$3,800	<b>\$3,200 / \$6,400</b> Embedded Deductible - On a family contract, no one family member will pay more than a single contract.	<b>\$6,400 / \$12,800</b>
Coinsurance - Amount Plan pays after Deductible or Copays, unless noted	75%	50%	90%	60%
Coinsurance Maximum – Single/Family	\$2,500 / \$5,000 Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.	\$2,500 / \$5,000	<b>\$2,600 / \$5,200</b> Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.	<b>\$3,700 / \$7,400</b>
Out-of-Pocket Maximum - Single/Family	\$3,450 / \$6,900 (Deductible + Coinsurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of <b>\$9,450 / \$18,900 for 2024</b> Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.	\$4,400 / \$8800	\$5,800 / \$11,600 (Deductible + Coinsurance + Medical & Rx copays) Embedded Out-of-Pocket. On a family contract, no one family member will pay more than a single contract.	\$10,100 / \$20,200
Preventive Care - <i>When received at network provider, as outlined by Health Care Reform are covered by both plans at 100% without having to meet deductibles or coinsurance.</i>	100% No deductible	50% after deductible	100% No deductible	60% after deductible
<b>Services with Copays - flat dollar copays do accumulate toward the Out-of-Pocket Maximum.</b>				
Office Visit – PCP (Illness/Injury)	\$25 copay, then 100%. Includes most services performed during that visit. <i>If a surgical procedure is performed in the physician's office a separate copay will be charged in addition to the office visit copay.</i>		90%, after deductible	60%, after deductible
Office Visit -Specialist (Illness/Injury)	\$45 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible
Well Child Care Services (Under age 21)	100% No deductible	50% after deductible	100% No deductible	60%, after deductible
Urgent Care Office Visit	\$45 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible
Emergency use of an Emergency Room	\$85 copay, then 75% after deductible. Copay Waived if Admitted		Deductible, \$85 copay, then 90% Copay Waived if Admitted	
Non-Emergency use of an Emergency Room	\$200 copay, then 75% after deductible.		Deductible, \$200 copay, then 90%	
<b>Inpatient and Outpatient Facility</b>				
Semi-Private Room and Board	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Diagnostic Services (Labs, X-rays and Testing)	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Surgery	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Therapy (Physical, Occupational, Speech)	75% after deductible	50% after deductible	90% after deductible	60% after deductible
<b>Additional Services</b>				
Ambulance	75% after deductible	50% after deductible	90% after deductible	60% after deductible

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Chiropractic Services	50% - No deductible	50% - No deductible Does not apply to OOPM (26 visits per benefit period)	90% after deductible (26 visits per benefit period)	60% after deductible
Durable Medical Equipment	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Home Healthcare	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Hospice	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Allergy Testing	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Allergy Treatment	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Bariatric Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Lasik	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b> Express Scripts National Preferred Formulary Network	<b>Copays apply after separate retail calendar year deductible (\$100/person, \$200/two people, \$300 family) has been met.</b>  <b>Retail - 30 day supply</b> Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: <b>\$90 copay</b>  <b>Mail Order - 90 day supply</b> Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: <b>\$180 copay</b>  <b>Specialty Drugs - limited to a 30 day supply</b> 20% with a maximum of <b>\$125</b> <b>Must obtain thru ESI Specialty Pharmacy</b>		<b>Copays apply after benefit period deductible has been met and accumulate to the Out-of-Pocket Maximum.</b>  <b>Retail - 30 day supply</b> Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: <b>\$90 copay</b>  <b>Mail Order - 90 day supply</b> Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: <b>\$180 copay</b>  <b>Specialty Drugs - limited to a 30 day supply</b> 20% with a maximum of <b>\$125</b> <b>Must obtain thru ESI Specialty Pharmacy</b>	

*This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.*