SHARYLAND INDEPENDENT SCHOOL DISTRICT Self-Funded Health Benefit Plan Administered by ABA

Alternate Plan** NOT A MEDICAL PLAN		Base Plan				<u>High Plan</u>			
Life/AD&D Insurance:	\$50,000	Deductible: \$1,250 in - \$2,500 out-of-network			Deductible: \$750 in - \$2,000 out-of-network				
	(Additional \$40,000)	Hospital Adm. Ded: \$200 in - \$300 out-of-network				Hospital Adm. Ded: \$100 in - \$200 out-of-network			
Dental Insurance: Yes, Includes Office Cop						Office Copay: *** \$30 (or \$10 at PCI or Dr. Stinson)			
	Coinsurance:				Coinsurance:				
Benefits - Paid to Employee Only		Percentages: 70% in - 50% out-of-network			Percentage 80% in - 60% out-of-network				
Coordination of Benefits: No, Benefits Paid		Maximum: \$5,000 in - \$10,000 out-of-network			Maximum: \$4,000 in - \$8,000 out-of-network				
	Direct to Employee								
Inpatient Hospitalization:	\$250 Per Day	Drug Copay:	\$5 Generic	\$5		Drug Copay:	\$5 Generic		\$5
(30 Day Maximum) Cash Benefit		90-Day Retail	il Greater of \$30 or 30% Formulary			90-Day Retail	Greater of \$30 or 30% Formulary		
Outpatient Surgery:	\$100 Per Surgery	Greater of \$40 or 45% Non-Formulary			Greater of \$40 or 45% Non-Formulary				
Cash Benefit		Specialty RX	Greater of \$100 or 10% Copay			Specialty RX	Greater of \$100 or 10% Copay		
Outpatient Cancer Trtmt:	\$100 Per Day		Total District	Employe	е		Total	District	Employee
	Cash Benefit		Rates Pays	<u>Pays</u>			<u>Rates</u>	<u>Pays</u>	<u>Pays</u>
Preventive Care:	\$200 Per Year	Employee Only	\$ 477.00 \$ 435.00	\$	12.00	Employee Only	\$ 585.00	\$ 435.00	150.00
	Cash Benefit	Emp. + Children	\$ 714.32 \$ 435.00	\$	279.32	Emp. + Children	\$ \$ 1,126.00	\$ 435.00	691.00
Prescription Drugs:	\$600 Per Year	Emp. + Spouse	\$ 795.00 \$ 435.00	\$	360.00	Emp. + Spouse	\$ \$ 1,123.00	\$ 435.00	688.00
	Cash Benefit	Emp. + Family	\$ 1,049.50 \$435.00	\$	614.00	Emp. + Family	\$ \$ 1,644.00	\$ 435.00	1,209.00
Total	District Employee	2 Emp. + Family*	\$ 1,135.00 \$870.00	\$	265.00	2 Emp. + Family*	\$ \$ 1,546.00	\$ 870.00	676.00
Rates	<u>Pays</u> <u>Pays</u>						\$		070.00
Employee Only \$435.00 \$435.00 \$0.0 *(If Employee & Spouse are district employees.)						*(If Employee & Spouse are district employees.)			
Need proof of Primary Insura	Need proof of Primary Insurance to enroll for benefits.								

**Alternate Plan is for employees covered by other health insurance coverage and may be elected instead.

****Information for \$10 Copay Clinics are located on the SISD Website - Insurance Department Page.