| Warren Hills Regional Board of Education <br> Simplified Medical \& Prescription Plan Benefits Comparison with Rates July 1, 2020 |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Direct Access 20 |  | HDHP HRA |  | OMNIA |  |
| Medical: | In-Network | Out-of-Network | In-Network | Out-of-Network | Tier 1 | Tier 2 |
| Referral Required | No |  | No |  | No |  |
| Individual Deductible | None | \$1,000 | \$1,500 |  | None | \$1,500 |
| Family Deductible | None | \$3,000 | \$3,000 |  | None | \$3,000 |
| Max. Out of Pocket Single | \$1,500 | \$2,000 | \$5,000 | \$10,000 | \$2,500 | \$4,500 |
| Max. Out of Pocket Family | \$3,000 | \$5,000 | \$10,000 | \$20,000 | \$5,000 | \$9,000 |
| Lifetime Benefit Maximum | Unlimited |  | Unlimited |  | Unlimited |  |
| PCP Office Copay | \$20 | 70\% after ded. | 80\% after ded. | 60\% after ded. | \$5 | \$20 |
| Specialist Office Copay | \$20 | 70\% after ded. | 80\% after ded. | 60\% after ded. | \$15 | \$30 |
|  | $100 \%$ after $\$ 500$ copay per admission | 70\% after sep. $\$ 500$ ded | 80\% after ded. | 60\% after ded. | 100\% after \$150 copay per admission | 80\% after ded. |
| Outpatient Surgery Copay | 100\% | 70\% after ded. | 80\% after ded. | 60\% after ded. | 100\% after \$150 copay | 80\% after ded. |
| Preventive Care | 100\% | 70\% no ded. | 80\% after ded. | 60\% after ded. | 100\% | 100\% |
| Emergency Room Copay | 100\% after \$100 copay |  | 80\% after ded. | 60\% after ded. | 100\% after \$100 copay |  |
| Medical Premium Rates: |  |  |  |  |  |  |
| Single | \$1,159.46 |  | \$638.78 |  | \$846.41 |  |
| Parent/Child(ren) | \$1,691.51 |  | \$931.90 |  | \$1,234.79 |  |
| 2-Party | \$2,528.78 |  | \$1,393.17 |  | \$1,846.02 |  |
|  | \$2,955.85 |  | \$1,628.48 |  | \$2,157.78 |  |
| Prescription: |  |  |  |  |  |  |
| Retail Generic Copay Retail Brand Copay <br> Mail Order Generic Copay <br> Mail Order Brand Copay | \$15 after \$50 ded. |  | \$15 after \$50 ded. |  | \$15 after \$50 ded. |  |
|  | \$30 after \$50 ded. |  | \$30 after \$50 ded. |  | \$30 after \$50 ded. |  |
|  | \$30 after \$50 ded. |  | \$30 after \$50 ded. |  | \$30 after \$50 ded. |  |
|  | \$60 after \$50 ded. |  | \$60 after \$50 ded. |  | \$60 after \$50 ded. |  |
|  |  |  |  |  |  |  |
| Single <br> Parent/Child(ren) <br> 2-Party <br> Family <br> Annal Prem | \$261.77 |  | \$261.77 |  | \$261.77 |  |
|  | \$340.33 |  | \$340.33 |  | \$340.33 |  |
|  | \$523.49 |  | \$523.49 |  | \$523.49 |  |
|  | \$602.01 |  | \$602.01 |  | \$602.01 |  |
| Annual Premium (Med/Rx) |  |  |  |  |  |  |
|  | Single | \$17,055 | Single | \$10,807 | Single | \$13,298 |
|  | P/C | \$24,382 | P/C | \$15,267 | P/C | \$18,901 |
|  | 2 Adult | \$36,627 | 2 Adult | \$23,000 | 2 Adult | \$28,434 |
|  | Family | \$42,694 | Family | \$26,766 | Family | \$33,117 |

