Warren Hills Regional Board of Education 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
Inpatient Hospital Copay	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	
Family	\$2,955.85		\$1,628.48		\$2,157.78	
Prescription:						
Retail Generic Copay	\$15 after \$50 ded.		\$15 after \$50 ded.		\$15 after \$50 ded.	
Retail Brand Copay	\$30 after \$50 ded.		\$30 after \$50 ded.		\$30 after \$50 ded.	
	\$30 after \$50 ded.		\$30 after \$50 ded.		\$30 after \$50 ded.	
Mail Order Generic Copay	\$50 after \$50 ded. \$60 after \$50 ded.		\$60 after \$50 ded.		\$50 after \$50 ded.	
Mail Order Brand Copay Prescription Premium Rates:	\$60 after	\$50 ded.	\$60 after	350 ded.	\$60 after	aso ded.
•	\$25	1 77	\$26	1 77	¢26	1 77
Single	\$261.77 \$340.33		\$261.77 \$340.33		\$261.77 \$340.33	
Parent/Child(ren)	\$340.33 \$523.49		\$523.49		\$540.33 \$523.49	
2-Party	\$523.49 \$602.01		\$602.01		\$602.01	
Annual Premium (Med/Rx)	\$6U∠.U1		\$60∠.01		\$602.01	
Admiddi Fromidin (Nieu/Nx)	Single	\$17,055	Single	\$10,807	Single	\$13,298
	P/C	\$24,382	P/C	\$15,267		\$18,901
	2 Adult	\$36,627	2 Adult	\$23,000		\$28,434
	Family	\$42,694	Family	\$26,766		\$33,117
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