

**Prairie Central CUSD #8
Health Alliance Point of Service POS-C 500**

A Point of Service plan means that you must get a referral from your chosen primary doctor to see a specialist. Ones who prefer Co-pays for doctor visits and prescription prices will appreciate this feature. The total cost for medical care through the year is higher than the High Deductible plan, but it is paid in smaller increments throughout the year.

	Mo Premium	Yr Premium	Out of Pocket	Yearly Max Cost*
Employee	\$ 43.65	\$ 523.85	\$ 2,500.00	\$ 3,023.85 plus Rx
Employee + Spouse	\$ 642.65	\$ 7,711.85	\$ 5,000.00	\$ 12,711.85 plus Rx
Employee + Children	\$ 533.65	\$ 6,403.85	\$ 5,000.00	\$ 11,403.85 plus Rx
Family	\$ 1,132.65	\$ 13,591.85	\$ 5,000.00	\$ 18,591.85 plus Rx

IN NETWORK	Deductible	Out of Pocket**
Employee	\$ -	\$ 2,500.00
Employee + Spouse	\$ -	\$ 5,000.00
Employee + Children	\$ -	\$ 5,000.00
Family	\$ -	\$ 5,000.00
OUT OF NETWORK	Deductible	Out of Pocket**
Employee	\$ 5,000.00	\$ 10,000.00
Employee + Spouse	\$ 10,000.00	\$ 20,000.00
Employee + Children	\$ 10,000.00	\$ 20,000.00
Family	\$ 10,000.00	\$ 20,000.00
	In Network	Out of Network
Coinsurance (Co/Emp)	80/20	50/50
Prescription Drug Card	\$20/\$40/\$50	
Wellness	0% after Copay	Ded + 50%
ER Copay	\$175	\$175
Dr/Specialist Copay	\$20/\$40	Ded + 50%
Hospital/Procedures	\$500 + 20%	Ded + 50%

Health Alliance High Deductible QHDHP 2500 (PPO)

This plan is very similar to the High Deductible (Alternative) plan we had with BC/BS. Participants pay full negotiated price for services and prescriptions until they have met their max out of pocket. This plan qualifies for Health Savings Account benefits also. Medical expenses may be paid out of an HSA that the board will help fund and that employees may also contribute to with pretax dollars through the Flex (Section 125) plan.

	Mo Premium	Yr Premium	Out of Pocket	Yearly Max Cost*
Employee	\$ -20.35	\$ -244.20	\$ 2,500.00	\$ 2,255.80 including Rx
Employee + Spouse	\$ 508.65	\$ 6,103.80	\$ 5,000.00	\$ 11,103.80 including Rx
Employee + Children	\$ 412.65	\$ 4,951.80	\$ 5,000.00	\$ 9,951.80 including Rx
Family	\$ 941.65	\$ 11,299.80	\$ 5,000.00	\$ 16,299.80 including Rx

IN NETWORK	Deductible	Out of Pocket
Employee	\$ 2,500.00	\$ 2,500.00
Employee + Spouse	\$ 5,000.00	\$ 5,000.00
Employee + Children	\$ 5,000.00	\$ 5,000.00
Family	\$ 5,000.00	\$ 5,000.00
OUT OF NETWORK	Deductible	Out of Pocket
Employee	\$ 5,000.00	\$ 10,000.00
Employee + Spouse	\$ 10,000.00	\$ 20,000.00
Employee + Children	\$ 10,000.00	\$ 20,000.00
Family	\$ 10,000.00	\$ 20,000.00
	In Network	Out of Network
Coinsurance (Co/Emp)	100/0	50/50
Prescription Drug Card	None -	
Wellness	0%	Ded + 50%
ER Copay	Ded + 0%	Ded + 50%
Dr/Specialist Copay	Ded + 0%	Ded + 50%
Hospital/Procedures	Ded + 0%	Ded + 50%

* Assumes all charges are In Network

** Does not include Drug Copays