Logan Rogersville R-VIII School District

Effective Date: 7/1/2019

Carrier	MEUHP		MEUHP		MEUHP		MEUHP		MEUHP	
Plan Name	H S A		H S A		PPO		PPO		OAP	
Network	**Cox and CIGNA Nationally (Mercy locally)**									
Deductible										
In-network individual (family)	$5,000 ($10,000)		$2,700 ($5,000) *		$3,500 ($10,500)		$2,500 ($7,500)		$250 ($750)	
Out-of-network individual (family)	$5,000 ($10,000)		$2,700 ($5,000) *		$3,500 ($10,500)		$2,500 ($7,500)		$250 ($750)	
Co-insurance										
In-network	100%		80%		80%		80%		100%	
Out-of-network	70%		60%		50%		50%		N/A	
In-network out-of-pocket maximum (includes deductible)										
Individual (family)	$6,450 ($12,900)		$5,000 ($10,000)		$7,150 ($14,300)		$6,000 ($12,000)		$1,250 ($3,750)	
Doctor co-pay										
Primary care	Ded & Co-Ins		Ded & Co-Ins		$30		$30		$20	
Specialist	Ded & Co-Ins		Ded & Co-Ins		$50		$50		$40	
Lab					**Lab $0 cost at Free Standing Labs-Lab Corp, Quest-UNLESS PREVENTIVE VISIT-then $0 cost at provider**					
Physician's Office	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance	
Facility/Hospital	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance	
X-ray *Except complex high dollar radiology*										
Physician's Office	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance	
Facility/Hospital	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance	
Preventive care										
In-network	100% for Federally Mandated Services		100% for Federally Mandated Services		100% for Federally Mandated Services		100% for Federally Mandated Services		100% for Federally Mandated Services	
Urgent Care	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		$50		$50		$50	
ER	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		$250		$250		$250	
Prescription drug										
Retail (up to 30 day supply)	$15/$45$/$75/25% w $400 Max After Medical Deductible		Deductible and Coinsurance		$10/$35/$75/25% to $150 max. $200 deductible applies to tiers 2, 3 &4		$10/$35/$75/25% to $150 max. $200 deductible applies to tiers 2, 3 & 4		$10/$35/$75/25% to $150 max. $200 deductible applies to tiers 2, 3 & 4	
Remarks	***Preventive RX at No Cost***		***Preventive RX at No Cost***							
Rates	EMP COST	PREMIUM	EMP COST	PREMIUM	EMP COST	PREMIUM	EMP COST	PREMIUM	EMP COST	PREMIUM
HSA Contribution	$133		$66		Not Applicable		Not Applicable		Not Applicable	
EE Only	**$0**	$382	**$0**	$449	**$0**	$515	**$58**	$573	**$245**	$760
EE + Spouse	**$458**	$840	**$539**	$988	**$618**	$1,133	**$746**	$1,261	**$1,157**	$1,672
EE + 1 Child	**$229**	$611	**$269**	$718	**$309**	$824	**$402**	$917	**$701**	$1,216
EE + 2 or more Children	**$363**	$745	**$427**	$876	**$489**	$1,004	**$602**	$1,117	**$967**	$1,482
EE + Spouse + 1 Child	**$687**	$1,069	**$808**	$1,257	**$927**	$1,442	**$1,090**	$1,605	**$1,613**	$2,128
EE+ Spouse + 2 or more Children	**$821**	$1,203	**$966**	$1,415	**$1,107**	$1,622	**$1,290**	$1,805	**$1,879**	$2,394

*required deductible change to comply with federal regulations

These rates are based on completing the HRA and Wellness Activities. If you do not complete the wellness your cost will increase a maximum of $139 based on current contributions strategy assuming 100% PPO cost is covered.