



## Princeton City Schools

### 2019 Benefit Plan Summaries

	PPO/Co-pay Plan 2019	HSA/QHDP Plan 2019	ACA/QHDP 2019
<b>MEDICAL</b>			
<b>TYPE OF PLAN:</b>	<b>PHYSICIAN/HOSPITAL PPO</b>	<b>HSA (QHDP)</b>	<b>QHDP</b>
<b>IND/FAM DEDUCTIBLE:</b>	IN: \$1,000 / \$2,000 OUT: \$2,000 / \$4,000	IN: \$2,000 / \$4,000 OUT: \$4,000 / \$8,000	IN: \$5,500 / \$11,000 OUT: \$9,000 / \$18,000
<b>IND/FAM COINSURANCE:</b>	IN: 20% OUT: 40%	IN: 10% OUT: 30%	IN: 0% OUT: 40%
<b>IND/FAM OUT OF POCKET: (INCL. DEDUCTIBLE )</b>	IN: \$2,500 / \$5,000 OUT: \$5,000 / \$10,000	IN: \$2,500 / \$5,000 OUT: \$10,000 / \$20,000	IN: \$5,500 / \$11,000 OUT: \$15,000 / \$30,000
<b>PREVENTIVE SERVICES</b>	Covered in Full	Covered in Full	Covered in Full
<b>PHYSICIAN OFFICE SERVICES (PCP)</b>	\$25 Copay	10% after Deductible	0% after Deductible
<b>PHYSICIAN OFFICE SERVICES (SCP)</b>	\$45 Copay	10% after Deductible	0% after Deductible
<b>EMERGENCY ROOM</b>	\$250 Copay & 20%	10% after Deductible	0% after Deductible
<b>OUTPATIENT DIAGNOSTIC, X-RAY, LAB</b>	20% after Deductible	10% after Deductible	0% after Deductible
<b>OUTPATIENT HOSPITAL SERVICES</b>	20% after Deductible	10% after Deductible	0% after Deductible
<b>INPATIENT HOSPITAL SERVICES</b>	20% after Deductible	10% after Deductible	0% after Deductible
<b>PHARMACY:</b>		Deductible & Coinsurance	Deductible & Coinsurance
<b>PHARMACY OUT OF POCKET:</b>	\$10/40/80, \$25/100/200 MO \$1,200 / \$1,800 / \$2,400		
<b>EMBEDDED DEDUCTIBLE:</b>	<b>Embedded</b>	<b>Non Embedded</b>	<b>Non Embedded</b>
<b>Plan Number:</b>	<b>001</b>	<b>002/003</b>	<b>008/009</b>