



Logan Rogersville R-VIII School District
7/1/2016



Carrier	MEUHP		MEUHP		MEUHP			
Plan Name	HSA		PPO		HMO			
Network	Blue Preferred Select - Cox							
Deductible								
In-network individual (family)	\$5,000 (\$10,000)		\$2,500 (\$7,500)		\$0 (\$0)			
Out-of-network individual (family)	\$10,000 (\$20,000)		\$2,500 (\$7,500)		N/A			
Co-insurance								
In-network	100%		80%		10% on select charges			
Out-of-network	70%		50%		N/A			
In-network out-of-pocket maximum (includes deductible)								
Individual (family)	\$6,450 (\$12,900)		\$6,000 (\$12,000)		\$2,000 (\$4,000)			
Doctor co-pay								
Primary care	Ded & Co-Ins		\$30		\$35			
Specialist	Ded & Co-Ins		\$50		\$50			
Lab	Lab \$0 cost at Free Standing Lab Corp, Quest							
Physician's Office	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Coinsurance			
Facility/Hospital	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Coinsurance			
<i>X-ray *Except complex high dollar radiology</i>								
Physician's Office	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Coinsurance			
Facility/Hospital	Subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		Subject to Coinsurance			
Preventive care								
In-network	100% for Federally Mandated Services		100% for Federally Mandated Services		100% for Federally Mandated Services			
Urgent Care	Subject to Deductible & Coinsurance		\$50		\$50			
ER	Subject to Deductible & Coinsurance		\$250		\$250			
Prescription drug								
Retail (up to 30 day supply)	\$15/\$45/\$75/25% w \$400 Max After Deductible		\$10/\$35/\$75/25% to \$150 max. \$200 deductible applies to tier 2/3 only		\$10/\$35/\$75/25% to \$150 max			
Remarks	Preventive RX at No Cost							
Rates	EMP COST		TOTAL RATES		EMP COST		TOTAL RATES	
HSA Contribution	\$76.00/\$126.50/\$179.00 to HSA							
Employee	\$0	\$302	\$0 (\$52.50/\$105.00)	\$481	\$0 (\$52.50/\$105.00)	\$473		
Spouse	\$332	\$634	\$529	\$1,010	\$520	\$993		
Children	\$257	\$559	\$409	\$890	\$402	\$875		
Family	\$891	\$1,193	\$938	\$1,419	\$922	\$1,395		
1 child rate	\$151		\$241		\$237			

These rates are based on completing the HRA and Wellness Activities. If you do not complete the wellness your cost will increase \$52.50 for each activity.