

Mitchell School District Plan Designs

	Plan 2 PPO	Plan 3 PPO	Plan 4 PPO
Deductible	Single - \$1,500 Family - \$3,000	Single - \$2,000 Family - \$4,000	Single - \$2,500 Family - \$5,000
Virtual Visit Copay via Doctor's on Demand	\$10		
PPO Office Visit Copay (includes urgent care and chiropractic)	\$25 Excludes: MRI, CAT Scans, PET Scans, Vasectomies, Colonoscopies and Office Surgeries		
Emergency Room Copay	\$250 copay followed by Deductible and Coinsurance		
Coinsurance	In-Network (PPO) - 20% Out-of-Network (NON-PPO) - 40%		
Out Of Pocket Maxium (OPM) aggregates between Health and Rx	Single - \$4,000 Family - \$8,000	Single - \$5,000 Family - \$10,000	Single - \$6,000 Family - \$12,000
Routine Exams Preventative Care - No Member Cost Share	Covered at 100% as defined in the Affordable Care Act (ACA) guidelines Note: 100% coverage applies when using an in-network (PPO) provider.		
Well-Child Care	To age 7		
BLUE Rx Value Plus Coverage	\$8 / \$35 / \$55 Copays	Specialty and Self Administered RX <i>copays apply to OPM</i>	\$85