

2019-2020 OSBA Health Insurance Rates

Tipton R-VI - Blue Preferred Select

PPO Options

\$1,000 Deductible PPO: In Network Benefits: \$1,000 Single/\$3,000 Fam Deductible, Cost-Share: 80%/20%, Copays: \$10 LHO*/\$30 PCP/\$50 Spec, \$250 ER/\$75 Urgent Care RX \$15/\$45/\$75/25%, OOP Max: \$4,000 Single/\$8,000 Fam

EE	\$602.77
EE & SP	\$1,265.81
EE & CH	\$919.22
EE & CH(REN)	\$1,069.91
EE & FAM	\$1,672.68

\$1,500 Deductible PPO: In Network Benefits: \$1,500 Single/\$4,500 Fam Deductible, Cost-Share: 80%/20%, Copays: \$10 LHO*/\$30 PCP/\$50 Spec, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Max: \$4,500 Single/\$9,000 Fam

EE	\$568.15
EE & SP	\$1,193.11
EE & CH	\$866.43
EE & CH(REN)	\$1,008.46
EE & FAM	\$1,576.61

\$2,000 Deductible PPO: In Network Benefits: \$2,000 Single/\$6,000 Fam Deductible, Cost-Share: 70%/30%, Copays: \$10 LHO*/\$30 PCP/\$50 Spec, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25% , OOP Max: \$5,000 Single/\$10,000 Fam

EE	\$521.74
EE & SP	\$1,095.65
EE & CH	\$795.65
EE & CH(REN)	\$926.08
EE & FAM	\$1,447.82

\$2,500 Deductible PPO: In Network Benefits: \$2,500 Single/\$7,500 Fam Deductible, Cost-Share: 70%/30%, Copays: \$10 LHO*/\$25 PCP/\$50 Spec, \$250 + 30% ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Max: \$6,000 Single/\$12,000 Fam

EE	\$489.52
EE & SP	\$1,027.99
EE & CH	\$746.51
EE & CH(REN)	\$868.89
EE & FAM	\$1,358.41

HSA Options

3,000 Deductible HSA: In Network Benefits: \$3,000 Single/\$6,000 Fam Embedded Deductible, Cost-Share (AFTER deductible): 0%, Copays (AFTER deductible): \$25 PCP/\$50 Spec, \$250 ER/\$75 Urgent Care, \$15/\$45/\$75/25% RX, Limited Preventative RX Coverage Available Up Front; OOP Max: \$4,500 Single/\$9,000 Fam

EE	\$463.07
EE & SP	\$972.44
EE & CH	\$706.18
EE & CH(REN)	\$821.94
EE & FAM	\$1,285.01

\$5,000 Deductible HSA: In Network Benefits: \$5,000 Single/\$10,000 Fam Embedded Deductible, Cost-Share (AFTER deductible): 0%, NO Office Visit Copay, NO ER Copay, \$15/\$45/\$75/25% Rx Copay AFTER Deductible, Limited Preventative RX Coverage Available Up Front; OOP Max: \$6,050 Single/\$12,100 Fam

EE	\$442.58
EE & SP	\$929.42
EE & CH	\$674.94
EE & CH(REN)	\$785.58
EE & FAM	\$1,228.16

\$6,500 Deductible HSA: In Network Benefits: \$6,500 Single/\$13,000 Fam Embedded Deductible, Cost-Share (AFTER deductible): 0%, NO Office Visit Copay, NO ER Copay, NO RX Copay, Limited Preventative RX Coverage Available Up Front, OOP Max: \$6,500 Single/\$13,000 Fam

EE	\$420.08
EE & SP	\$882.16
EE & CH	\$640.61
EE & CH(REN)	\$745.63
EE & FAM	\$1,165.71

*Live Health Online

For additional benefit information please log into the OSBA Options+ Private Exchange to view the Summary of Benefits & Coverage at www.capstoneins.com/osba/school-district-employee