

Tipton R-VI School District OSBA Choice Medical Plans (2024-2025)



PPO Plans

Coverage Level	500/1000 Choice PPO		1000/1500 Choice PPO		1500/2000 Choice PPO		2500/3000 Choice PPO	
Employee	\$664.00		\$628.00		\$598.00		\$575.00	
Employee + Spouse	\$1,394.00		\$1,318.00		\$1,256.00		\$1,208.00	
Employee + Child	\$1,013.00		\$957.00		\$912.00		\$877.00	
Employee + Child(ren)	\$1,179.00		\$1,114.00		\$1,062.00		\$1,021.00	
Employee + Family	\$1,843.00		\$1,741.00		\$1,660.00		\$1,596.00	
In-Network Services	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,500	\$3,000
Deductible: Family	\$1,500	\$3,000	\$3,000	\$4,500	\$4,500	\$6,000	\$7,500	\$9,000
Max out-of-pocket: Individual	\$4,000	\$5,000	\$4,500	\$5,500	\$5,500	\$6,500	\$6,500	\$7,500
Max out-of-pocket: Family	\$8,000	\$10,000	\$9,000	\$11,000	\$11,000	\$13,000	\$13,000	\$15,000
Copays & Coinsurance								
Primary Care Physician (PCP)	\$25 Copay	\$35 Copay	\$25 Copay	\$35 Copay	\$25 Copay	\$35 Copay	\$25 Copay	\$35 Copay
Specialists Physician	\$50 Copay	\$50 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Virtual Primary Care Doctor Visits	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Live Health Online Doctor Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Urgent Care Facility	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
Hospitalization: Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Hospitalization: Inpatient	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays								
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	\$4,000		\$5,000		\$6,000		\$8,000	
Deductible: Family	\$12,000		\$15,000		\$18,000		\$24,000	
Maximum out-of-pocket: Individual	\$10,000		\$11,000		\$13,000		\$15,000	
Maximum out-of-pocket: Family	\$20,000		\$22,000		\$26,000		\$30,000	

*Red text indicates plan changes from prior plan year.

Tipton R-VI School District OSBA Choice Medical Plans (2024-2025)



HSA Plans

Coverage Level	3200/3200 Choice HSA		4000/4500 Choice HSA		4500/5500 Choice HSA		6000/6500 Choice HSA	
Employee	\$561.00		\$518.00		\$499.00		\$459.00	
Employee + Spouse	\$1,177.00		\$1,087.00		\$1,047.00		\$963.00	
Employee + Child	\$855.00		\$789.00		\$760.00		\$699.00	
Employee + Child(ren)	\$995.00		\$919.00		\$885.00		\$814.00	
Employee + Family	\$1,556.00		\$1,436.00		\$1,383.00		\$1,273.00	
In-Network Services	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	\$3,200	\$3,200	\$4,000	\$4,500	\$4,500	\$5,500	\$6,000	\$6,500
Deductible: Family	\$6,400	\$6,400	\$8,000	\$9,000	\$9,000	\$11,000	\$12,000	\$13,000
Max out-of-pocket: Individual	\$4,200	\$4,700	\$5,500	\$6,500	\$6,000	\$6,500	\$6,900	\$7,400
Max out-of-pocket: Family	\$8,400	\$9,400	\$11,000	\$13,000	\$12,000	\$13,000	\$13,800	\$14,800
Copays & Coinsurance								
Primary Care Physician (PCP)	\$0 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible
Specialists Physician	\$0 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible
Virtual Primary Care Doctor Visits	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible
Live Health Online Doctor Visits	\$0 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Urgent Care Facility	\$0 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible
Hospitalization: Emergency Room	\$0 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Prescriptions Copays								
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)
Limited Preventative RX Plus	0%	0%	0%	0%	0%	0%	0%	0%
Out-Of-Network Services	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	\$8,000		\$11,000		\$13,000		\$13,500	
Deductible: Family	\$16,000		\$22,000		\$26,000		\$27,000	
Maximum out-of-pocket: Individual	\$12,250		\$16,625		\$17,250		\$18,250	
Maximum out-of-pocket: Family	\$25,000		\$33,250		\$35,000		\$36,500	

*Red text indicates plan changes from prior plan year.