

## 2024 EDGEWOOD ISD BLUE CROSS BLUE SHIELD MEDICAL

Coverage - Open Access	HMO PLAN - 7000	HMO PLAN - 3000	HDHP PPO PLAN	LOW PPO PLAN	HIGH PPO PLAN
Cal. Year Deductible	\$7000/\$15000	\$3000/\$6000	\$5000/\$10000	\$4000/\$8000	\$2000/\$4000
Coinsurance	60%	60%	70%	70%	80%
Out of Pocket Max	\$9000/\$18000	\$7350/\$14700	\$7000/\$14000	\$7350/\$14700	\$6600/\$13200
Preventive Care	100%	100%	100%	100%	100%
Office Visit - PCP	\$40 copay	\$40 copay	70% after Deductible	\$40 Copay	\$30 Copay
Office Visit Specialist	\$70 Copay	\$70 Copay	70% after Deductible	\$70 Copay	\$60 Copay
Preventive Lab	100%	100%	100%	100%	100%
Major Diagnostic, Lab, X-Ray	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Prescrip Drugs - Retail	\$15/\$45/\$80	\$15/\$45/\$80	70% after Deductible	\$15/\$45/\$80	\$10/\$35/\$60
Prescrip Drugs - Mail (90 Day)	\$37.50/\$112.50/\$200	\$37.5/\$112.50/\$200	70% after Deductible	\$37.5/\$112.50/\$200	\$25/\$87.50/\$150
Hospital Inpatient Outpatient	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Surgery	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Telehealth	\$40	\$40	70% after Deductible	\$40	\$30
Urgent Care	\$100 Copay	\$100 Copay	70% after Deductible	\$100 Copay	\$90 Copay
Emergency Room	\$250 copay, plus 40% after Deductible	\$250 copay, plus 40% after Deductible	70% after Deductible	\$250 copay, plus 70% after Deductible	\$200 copay, plus 80% after Deductible
PCP REQUIRED	YES	YES	NO	NO	NO
			OUT OF NETWORK	OUT OF NETWORK	OUT OF NETWORK
Cal. Yr Deductible	N/A	N/A	\$10,000/\$20,000	\$7,350/\$14,700	\$4000/\$8000
Coinsurance	N/A	N/A	50%	50%	50%
Out of Pocket Max	N/A	N/A	\$20,000/\$40,000	\$14,700/\$29,900	\$13200/\$26400
<b>**After Dist Pd \$400.00</b>	<b>**Employee Cost</b>	<b>**Employee Cost</b>	<b>**Employee Cost</b>	<b>**Employee Cost</b>	<b>**Employee Cost</b>
EE Only	\$ 98.23	\$152.98	\$267.95	\$364.31	\$411.40
EE/Spouse	\$696.10	\$817.64	\$1,069.49	\$1,281.92	\$1,384.85
EE/Children	\$497.90	\$596.45	\$869.11	\$977.51	\$1,060.73
EE/Family	\$998.32	\$1,152.71	\$1,671.74	\$1,341.05	\$1,875.41

\*\* Employee cost after EDGEWOOD ISD monthly contribution of \$400

For full plan details, please visit your the Risk Management Website at [eisd.net](http://eisd.net)