

Muscatine Community School District

July 1, 2020

Medical Benefit/Cost Analysis

Wellmark Blue Cross and Blue Shield

	Alliance Select \$250		Alliance Select \$500		High Deductible Health Plan (Embedded)	
BENEFIT OVERVIEW	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Deductible</u>						
Single	\$250	\$500	\$500	\$1,000	\$2,800	\$4,750
Family	\$500	\$1,000	\$1,000	\$2,000	\$5,500	\$9,500
Coinsurance	20%	30%	20%	30%	0%	0%
<u>Out-of-Pocket Maximum</u>						
Single	\$750	\$1,500	\$1,250	\$2,500	\$2,800	\$4,750
Family	\$1,500	\$3,000	\$2,500	\$5,000	\$5,500	\$9,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
BENEFIT HIGHLIGHTS						
Physician Visit	\$10 Copayment	Deductible, 30% Coinsurance	\$10 Copayment	Deductible, 30% Coinsurance	Deductible	Deductible
Preventive Services	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Doctors on Demand	\$10 Copayment	Not Covered	\$10 Copayment	Not Covered	Deductible	Not Covered
Emergency Facility	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	Deductible	Deductible
Emergency Physician	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	Deductible	Deductible
<u>Hospital Services</u>						
Inpatient	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Outpatient	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Physician Charges	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
<u>Prescription Drugs</u>	\$10 Tier 1 / \$30 Tier 2 / \$45 Tier 3		\$10 Tier 1 / \$30 Tier 2 / \$45 Tier 3			Deductible
<u>Mail Order Rx</u>	2 Copayments		2 Copayments			Deductible
<u>Pharmacy Out of Pocket Maximum</u>	\$2,250/\$4,500		\$1,750/\$3,500			Deductible
Maximum Liability for In-Network Services	\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A	\$2,800/\$5,500	N/A
RATES	Alliance Select \$250		Alliance Select \$500		High Deductible Health Plan (Embedded)	
Employee	\$815.57		\$770.22		\$629.76	
Employee + 1	\$1,546.68		\$1,460.19		\$1,192.34	
Family	\$2,459.95		\$2,322.09		\$1,895.09	

Note: This is a summary of benefits provided by the plans. In the event of a discrepancy, please refer to the carrier's descriptive material for a full discussion of benefits and rates.