

Medical Insurance

For this plan year, you can choose from the following medical options. Refer to Medica’s benefits summaries for the exact benefit levels associated with your plan choice. Refer to contracts for the district contribution amount to your coverage.

	Medica \$2600 Choice Passport and Elect Plans		Medica \$5000 Choice Passport and Elect Plans	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$2,600	\$4,000	\$5,000	\$10,000
Family	\$5,200	\$8,000	\$10,000	\$20,000
Coinsurance	0%	20%	0%	30%
Maximum Out-of-Pocket				
Individual	\$2,600	\$6,000	\$5,000	\$15,000
Family	\$5,200	\$12,000	\$10,000	\$30,000
District VEBA or HSA Contributions*				
VEBA and/or HSA*	VEBA: \$1,300 / Employee \$2,300 / Employee + 1 or family		VEBA or HSA: \$1,500 / Employee \$2,600 / Employee + 1 or Family	
Physician Office Visit				
Primary Care	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Specialty Care	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Preventive Care				
Adult Periodic Exams	0%	20% after deductible	0%	30% after deductible
Well-Child Care	0%	0%	0%	0%
Diagnostic Services				
X-ray and Lab Tests	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Complex Radiology	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Urgent Care Facility	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Emergency Room Facility Charges	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Facility Charges	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient Facility & Surgical Charges	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Mental Health and Substance Abuse				
Inpatient	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Retail Pharmacy (30 or 90-Day Supply)				
Generic and Preferred Brand	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Designated preventive drugs Refer to “Medica Preventive Drug List”	0%	Not covered	0%	Not covered
Specialty	0% after deductible	Not covered	0% after deductible	Not covered

***Except for teachers working less than 1.0 FTE. For those teachers, multiply your FTE by the VEBA or HSA contribution amount for what you will receive. No contributions are made to Building Subs.**

Designated Preventive Drugs are covered 100%, even before you reach your deductible. These are considered maintenance drugs used to treat common disease states. Examples include:

- Diabetes – Injectable and Oral agents
- Coronary Artery Disease: High Cholesterol
- Hypertension: High Blood Pressure
- Mental Health: Antidepressants
- Respiratory: Asthma