

## Convenient Nationwide Network

PPO Premier #1 Plan

# **Priority**Health

	IP	2P	FF
Total Monthly Cost	\$548.55	\$1,097.10	\$1,605.81
PA 152 Cap	\$474.38	\$948.75	\$1,293.75
Monthly Employee Contribution	\$74.17	\$148.35	\$312.06

# Description

Excellent coverage provides flexibility to choose in-network and out-of-network providers. Includes an expanded nationwide preferred provider network.

#### Plan Features

- Provides an expanded nationwide preferred provider network
- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- Basic Copayments: office visit \$5, specialist visit \$5, urgent care \$5, ER \$25
- Rx Copayments: \$10 generic, \$20 brand name Rx must be on Priority Health formulary

#### Deductible

- · In-network: \$100 Individual; \$200 Family
- · Out-of-network: \$250 Individual; \$500 Family
- You pay 100% of inpatient and outpatient services until the deductible is met
- · Once deductible is met, you pay nothing for most in-network medical services



# Convenient Network Flexibility

POS Plan

# **Priority**Health

	IP	2P	FF
Total Monthly Cost	\$504.88	\$1,009.76	\$1,477.86
PA 152 Cap	\$474.38	\$948.75	\$1,293.75
Monthly Employee Contribution	\$30.50	\$61.01	\$184.11

# Description

Excellent coverage with no in-network deductible, provides flexibility to choose in-network and out-of-network providers.

#### Plan Features

- Provides in-network and out-of-network coverage
- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- Basic Copayments: office visit \$10, specialist visit \$10, urgent care \$10, ER \$25 (if in-network)
- You pay nothing for most in-network inpatient and outpatient services
- Rx Copayments: \$10 generic, \$20 brand name Rx must be on Priority Health formulary

# Deductible

- · In-network: none
- · Out-of-network: \$250 Individual; \$500 Family
- You pay 100% of inpatient and outpatient services until the deductible is met
- Once deductible is met, you pay nothing for most in-network medical services

TRAVERSE BAY AREA

SCHOOL HEALTH PLAN PURCHASING CONSORTIUM

Newly reg & covered employees

Convenient In-Network Coverage

# **Priority**Health

Total Monthly Cost	1 P \$430.72	2P \$861.44	FF \$1,260.57
PA 152 Cap	\$474.38	\$948.75	\$1,293.75
Monthly Employee Contribution	\$0	\$0	\$0

# Description

Excellent coverage at a low cost. All non-emergency services must be provided by doctors and hospitals in the Priority Health network. You may go to any doctor or hospital for emergency treatment.

## Plan Features

- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- Basic Copayments: office visit \$20, specialist visit \$20, urgent care \$20, ER \$50
- Rx Copayments: \$10 generic, \$40 brand name Rx must be on Priority Health formulary

### Deductible

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- \$250 Individual; \$500 Family
- You pay 100% of inpatient and outpatient services until the deductible is met except for fixed copayment when no deductible is required
- Once deductible is met, you pay nothing for most medical services

TRAVERSE BAY AREA
SCHOOL HEALTH PLAN
PURCHASING CONSORTIUM

Health Savings Account and In-Network Cove

PriorityHealth

<b>Priority</b> Health		# 4		
	IP	2P	FF	
Total Monthly Cost	\$481.86	\$963.71	\$1,313.52	
PA 152 Cap	\$474.38	\$948.75	\$1,293.75	
Monthly Employee Contribution	\$7.48	\$14.96	\$19.77	

### Description

Excellent coverage provides flexibility to choose in-network and out-of-network providers. The HSA is a separate bank account designed to pay your expenses until your deductible is met and can also be used for other IRS approved healthcare related expenses.

#### Plan Features

- · Provides in-network and out-of-network coverage
- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- · Before the deductible is met, you pay full cost of all medical and prescription costs
- · After the deductible is met, you pay nothing for most in-network medical services
- You pay 20% for out-of-network services up to an out-of-pocket maximum.
- Rx Copayments (after deductible): \$10 generic, \$40 brand name Rx must be on Priority Health formulary
- · Ability to save unused funds in your HSA for future use

#### Deductible

- · In-network: \$1250 Individual; \$2500 Family
- · Out-of-network: \$3,000 Individual; \$6,000 Family
- Total monthly cost includes district contribution to employee's HSA bank account to cover monthly deductible



Health Savings Account and In-Network

# **Priority**Health

	IP	2P	FF
Total Monthly Cost	\$451.09	\$902.17	\$1,223.34
PA 152 Cap	\$474.38	\$948.75	\$1,293.75
Monthly Employee Contribution	\$0	\$0	\$0

# Description

Excellent coverage at a low cost. All non-emergency services must be provided by doctors and hospitals in the Priority Health network. You may go to any doctor or hospital for emergency treatment. The HSA is a separate bank account designed to pay your expenses until your deductible is met and can also be used for other IRS approved healthcare related expenses

#### Plan Features

- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- · Before the deductible is met, you pay full cost of all medical and prescription costs
- · After the deductible is met, you pay nothing for most medical services
- Rx Copayments (after deductible): \$15 generic, \$50 brand name Rx must be on Priority Health formulary
- · Ability to save unused funds in your HSA for future use

#### Deductible

- \$1250 Individual; \$2500 Family
- Total monthly cost includes district contribution to employee's HSA bank account to cover monthly deductible

TRAVERSE BAY AREA

OL HEALTH PLAN

SING CONSORTIUM

MANUAL

MA PURCHASING CONSORTIUM

# Essential In-Network Coverage

# **Priority**Health

8 B	IP	2P	FF
Total Monthly Cost	\$328.92	\$657.84	\$962.30
PA 152 Cap	\$474.38	\$948.75	\$1,293.75
Monthly Employee Contribution	\$0	\$0	\$0

# Description

Offers basic coverage at a very low cost. All non-emergency services must be provided by doctors and hospitals in the Priority Health network. You may go to any doctor or hospital for emergency treatment.

#### Plan Features

- 100% coverage for preventive care (see Preventive Health Care Guidelines)
- Basic Copayments: office visit \$30, specialist visit \$45, urgent care \$75 \*additional copayments of \$150 exist for ER, ambulance, and advanced diagnostic imaging once deductible has been met
- Rx Copayments: \$15 generic, \$50 brand name Rx must be on Priority Health formulary

#### Deductible

- \$1,500 Individual; \$3,000 Family
- You pay 100% of inpatient and outpatient services until the deductible is met
- Once deductible is met, you pay 20% for most services