

Quincy Public Schools – 2019 Medical Plans

	Plan M7			Plan M8			Plan M3			Plan H1 (HSA Qualified Plan) **		Plan H4 (HSA Qualified Plan) ***	
	Network	Non-Network		Network	Non-Network		Network	Non-Network		Network	Non-Network	Network	Non-Network
Deductible*													
Individual	\$600	\$1,200		\$1,100	\$2,200		\$2,500	\$5,000		\$2,100	\$4,200	\$3,600	\$7,200
Family	\$1,800	\$3,600		\$3,300	\$6,600		\$5,000	\$10,000		\$4,200	\$8,400	\$7,200	\$14,400
Out of Pocket Maximum*													
Individual	\$1,300	\$4,100		\$2,300	\$6,900		\$3,500	\$10,500		\$2,100	\$6,300	\$3,600	\$10,800
Family	\$3,900	\$12,300		\$6,900	\$20,700		\$7,000	\$21,000		\$4,200	\$12,600	\$7,200	\$21,600
Lifetime Maximum	Unlimited	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement	85%	65%		80%	60%		85%	65%		100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	\$250 then 85%	\$550 then 65%		\$250 then 80%	\$550 then 60%		85%	65%		100%	70%	100%	70%
Outpatient Surgery	\$250 then 85%	\$550 then 65%		\$250 then 80%	\$550 then 60%		85%	65%		100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	\$25 copay then 100% no deductible	65%		\$25 copay then 100% no deductible	60%		\$25 copay then 100% no deductible	65%		100%	70%	100%	70%
Specialist Office Visit	\$30 copay then 100% no deductible	65%		\$30 copay then 100% no deductible	60%		\$30 copay then 100% no deductible	65%		100%	70%	100%	70%
Emergency Room	\$300 copay then 85% no deductible	\$300 copay then 85% no deductible		\$300 copay then 85% no deductible	\$300 copay then 85% no deductible		\$300 copay then 85% no deductible	\$300 copay then 85% no deductible		100%	70%	100%	70%
Urgent Care Facility Facility Charges	\$40 copay then 90% no deductible	\$40 copay then 90% no deductible		\$40 copay then 90% no deductible	\$40 copay then 90% no deductible		\$40 copay then 90% no deductible	\$40 copay then 90% no deductible		100%	70%	100%	70%
Physician Charges	90%	90%		90%	90%		90%	90%					
Drug Card	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Participating	Non- Participating (Non- Network)	Participating	Non- Participating (Non- Network)
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30	100%	70%	100%	70%
Formulary	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55	100%	70%	100%	70%
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	100%	70%	100%	70%

Note:
*Network and Non-Network deductibles and out of pockets will accumulate separately.

**H1 is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage you must pay 100% of the discounted charge until your covered family members satisfy the Family Calendar Year Deductible. After you satisfy the applicable Calendar Year Deductible, you will pay the copayments/coinsurance shown in the above table until your out of pocket expenses satisfy the appropriate Calendar Year Out of Pocket Maximum. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.

***H4 is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage each individual in a family is not required to contribute more than the single Deductible/Out of Pocket Maximum before the Plan will pay 100% of covered expenses for that individual.

