

Quincy Public Schools – Medical Plans

Deductible Resets January 1 each year.

(Spouse is only allowed on medical if spouse’s employer does not offer medical coverage.)

	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
Deductible*								
Individual	\$1,100	\$2,200	\$2,500	\$5,000	\$2,100	\$4,200	\$3,600	\$7,200
Family	\$3,300	\$6,600	\$5,000	\$10,000	\$4,200	\$8,400	\$7,200	\$14,400
Out of Pocket Maximum*								
Individual	\$2,300	\$6,900	\$3,500	\$10,500	\$2,100	\$6,300	\$3,600	\$10,800
Family	\$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
Reimbursement	80%	60%	85%	65%	100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	\$250 then 80%	\$550 then 60%	85%	65%	100%	70%	100%	70%
Outpatient Surgery	\$250 then 80%	\$550 then 60%	85%	65%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	\$35 copay then 100% no deductible	60%	\$35 copay then 100% no deductible	65%	100%	70%	100%	70%
Specialist Office Visit	\$60 copay then 100% no deductible	60%	\$60 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	100%	70%	100%	70%
Urgent Care Facility Facility Charges	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	100%	70%	100%	70%
Physician Charges	90%	90%	90%	90%				
Prescription Benefits	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Network	Non- Network	Network	Non- Network
Preferred Generic	\$0	\$10	\$0	\$10	Generic: 100%	Generic: 70%	Generic: 100%	Generic: 70%
Non-Preferred Generic	\$10	\$20	\$10	\$20	Formulary: 100%	Formulary: 70%	Formulary: 100%	Formulary: 70%
Preferred Brand	\$50	\$70	\$50	\$70	Non-Formulary: 100%	Non-Formulary: 70%	Non-Formulary: 100%	Non-Formulary: 70%
Non-Preferred Brand	\$100	\$120	\$100	\$120				
Preferred Specialty	\$150	\$150	\$150	\$150				
Non-Preferred Specialty	\$250	\$250	\$250	\$250				

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. 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.