

Mercer County School District #404
2022-2023 Plan Year

	PPO	HDHP W/ HSA
Carrier	BCBS	BCBS
Network	BCBS - PPO	BCBS - HSA
Annual Ded. - In-Network	\$500	\$2,500
Annual Ded. - Out of Network	\$1,000	\$2,500
Family - In-Network	\$1,500	\$5,000
Family - Out of Network	\$3,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited
Co-insurance In Network	80% / 20%	100%
Co-insurance Out of Network	60% / 40%	80% / 20%
In Network Max Out/Pocket (incl Ded, Coins, Copays (excluding Rx) for Individual)	\$2,500	\$5,000
Out of Network Max Out/Pocket (incl Ded, Coins, Copays (excluding Rx) for Individual)	\$5,000	\$5,000
In Network Max Out/Pocket (incl Ded, Coins, Copays (excluding Rx) for Family)	\$5,000	\$6,850
Out of Network Max Out/Pocket (incl Ded, Coins, Copays (excluding Rx) for Family)	\$10,000	\$6,850
Rx Max Out/Pocket for Individual	\$1,000	N/A
Rx Max Out/Pocket for Family	\$3,000	N/A
Doctor's Office CoPay (In-Network)	\$30 PCP / \$50 SCP	100% after deductible
Preventive Care (In-Network)	100%	100%
Prescription Copays (In-Network)		
Generic	\$10	100% after deductible
Pref. Brand	\$40	100% after deductible
Non - Pref Brand	\$60	100% after deductible
Specialty	\$150	
Mail-Order		
Generic	\$20	100% after deductible
Pref. Brand	\$80	100% after deductible
Non - Pref Brand	\$120	100% after deductible
Specialty	N/A	N/A
Monthly Premiums		
Employee	\$881.82	\$607.35
Employee & Children	\$1,667.64	\$1,148.55
Employee & Spouse	\$1,894.27	\$1,304.64
Family	\$2,680.13	\$1,845.87

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