

Findlay City Schools

Benefit Analysis*

NON-BARGAINING UNIT

Effective 9/1/17

	Original Plan		New Option B2 Alternate 2		Option C	
	Blue Access PPO		Anthem Blue Access 5.0 Opt 15 w/Rx F		Anthem Lumenos HSA Option 6	
Family employee share**	25% = \$511.92 per month		18% = \$313.30 per month		0% = \$0 & Board gives \$250 per quarter***	
Single employee share**	25% = \$212.42 per month		18% = \$130.00 per month		0% = \$0 & Board gives \$125 per quarter***	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible						
- Single Plan/Family Plan	\$0/\$0	\$100/\$200	\$500/\$1,500	\$1,000/\$3,000	\$2,200/\$4,400	\$2,200/\$4,400
Out of Pocket Maximum						
- Single Plan/Family Plan	\$1,000/\$1,100	\$1,000/\$1,100	\$2,000/\$4,000	\$4,000/\$8,000	\$2,200/\$4,400	\$5,000/\$10,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Inpatient Hospitalization						
- Facility Services	100%	80/20	80/20	60/40	100%	70/30
- Professional Services	100%	80/20	80/20	60/40	100%	70/30
Outpatient Services						
- Surgery	100%	80/20	80/20	60/40	100%	70/30
- X-Ray and Laboratory	100%	80/20	80/20	60/40	100%	70/30
Emergency Services						
- Emergency Room	\$50	\$50	\$200 then 80/20	\$200 then 80/20	100%	100%
- Urgent Care	\$20	80/20	\$75	60/40	100%	100%
Office Visits						
-Primary Care Physician	\$20	80/20	\$15	60/40	100%	70/30
- Specialist	\$20	80/20	\$15	60/40	100%	70/30
- Allergy Injections	100%	80/20	\$5	60/40	100%	70/30
Preventive Care Services*						
-Physical Exams	No Cost Share	80/20	No Cost Share	60/40	*No Cost Share	70/30
-Mammography	No Cost Share	80/20	No Cost Share	60/40	*No Cost Share	70/30
-Well Child	No Cost Share	80/20	No Cost Share	60/40	*No Cost Share	70/30
Prescription Drugs						
	Retail 30 day Supply		30 day Supply - Generic unless D.A.W.		Retail 30 day Supply	
	Generic \$10		Tier 1 - \$10	50/50, \$60 min		
	Brand \$20	80/20	Tier 2 - \$30	Diabetic/Asthmatic	100%	70/30
			Tier 3 - \$60	Supplies Not Covered		
	Mail Order 90 day Supply		90 day Supply		Mail Order 90 day Supply	
	30 Days - \$10	Not Covered	\$10	Not Covered		
	60 Days - \$20	Not Covered	\$75	Not Covered	100%	Not Covered
	90 Days - \$30	Not Covered	\$180	Not Covered		
Dependent Age Limit	Pursuant to Federal Law dependents covered to age 26.					

*No Cost Share means the benefit is not subject to deductible and qualified claims for these services are paid at 100%.

**Employee shares based on 12-month full-time employees. Part-time employees will pay more.

***Board contributes to full-time 12-month employees and full-time teachers. No contributions for part-time support staff nor part-time teachers.

We have made every effort to be accurate when preparing this chart. However, if the information in this chart contradicts the actual contracts, the contracts in question will prevail. Also, this chart does not compare all plan features, nor does it cover every limit or exclusion.

8/25/2017