

Mapleton Public Schools
Insurance Plans Highlight Comparison
 Effective July 1, 2019 to June 30, 2020

This is only for illustrative and summary purposes. The contents of this summary are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted on the following pages. The benefits in this summary may only be available if required plan procedures are followed (e.g., use of specific providers or facilities).

	Kaiser Option 1 Traditional HMO			Kaiser Option 2 DHMO Deductible/Coinsurance		
	<i>Primary Care</i>	<i>Preventive</i>	<i>Specialist</i>	<i>Primary Care</i>	<i>Preventive</i>	<i>Specialist</i>
Doctor Copayment	\$30	\$0	\$80	\$25	\$0	\$45
Deductible Applies First	No Deductible			\$1000 (Individual) \$3000 (Family)		
Coinsurance (paid by individual)	No Coinsurance			20% Coinsurance		
Out of Pocket Maximum	\$4000 (Individual) \$10000 (Family)			\$3000 (Individual) \$6000 (Family)		
Is Deductible included in OOP Max?	No			Yes		
Maternity Copayment (Office)	No Charge - prenatal/postnatal care			20% Coinsurance - prenatal/postnatal care		
Hospital Copayment	\$750			Deductible and Coinsurance		
Outpatient Hospital	\$100			Deductible and Coinsurance		
Lab/X-rays	\$100 for MRI, CT, PET scans Lab and X-ray -No Charge			Deductible and Coinsurance Lab - No Charge; X-rays - 20% Coinsurance		
Emergency Room	\$250			Deductible and Coinsurance		
Ambulance	20% Coinsurance up to \$500 per trip			20% Coinsurance up to \$500 per trip		
Prescriptions	\$15 (Generic), \$40 (Brand) 20% coins. to \$250 (Specialty) Mail Order - \$15 or \$40 up to 60 day supply			\$15 (Generic) \$40 (Brand) 20% coins. to \$250 (Specialty) Mail Order - \$15 or \$40 up to 60 day supply		
Durable Medical	20% Coinsurance			20% Coinsurance		
Vision	\$150 credit every 2 years			\$150 credit every 2 years		
Chiropractic	\$30 co-pay (20 visits per year)			\$25 co-pay (20 visits per year)		
Out of Network Benefits	Emergency Only			Emergency Only		

Total Monthly Rates		
Employee	\$573.50	\$501.43
Employee + Spouse	\$1,204.35	\$1,053.00
Employee + Child(ren)	\$1,147.00	\$1,002.86
Employee + Family	\$1,680.35	\$1,469.18

Monthly Employee Cost		
Employee	\$153.50	\$81.43
Employee + Spouse	\$584.35	\$433.00
Employee + Child(ren)	\$527.00	\$382.86
Employee + Family	\$860.35	\$649.18