

Anacortes School District 2014-15

Medical Comparison

Effective 11/01/2014 to 10/31/2015

	Group Health Cooperative		Premiera Blue Cross WEA						
	HMO RQ-79829	Plan 2 Heritage	Plan 3 Heritage	Plan 5 Foundation	Easy Choice A Heritage	Easy Choice B Heritage	Easy Choice C Foundation	QHDHP	
<b>Deductible Individual Family</b>	\$0	\$200 \$600	\$300 \$900	\$200 \$600	\$1,000 \$3,000	\$750 \$2,250	\$100 \$300	\$1,500 \$3,000	
<b>Out of Pocket Maximum Individual Family</b>	\$2,000 \$4,000	\$1,500 \$4,500	\$2,750 \$8,250	\$500 \$1,500	\$4,000 \$12,000	\$3,500 \$10,500	\$4,200 \$12,600	\$4,000 \$8,000	
<b>Office Visit Copay</b>	\$30	100% after \$25*	100% after \$30*	100% after \$15*	100% after \$15*	100% after \$30*	100% after \$35*	80%	
<b>Lab &amp; X-Ray</b>	100%	80%	80%	90%	paid in full up to the first \$1,000, then deductible and coinsurance apply 100%*	75%	65%	80%	
<b>Preventive Care</b>	100%	100%*	100%*	100%*	100%*	100%*	100%*	100%	
<b>Hospital</b>	100%	80%	80%	90%	80%	75%	65%	80%	
<b>Inpatient Copay</b>	\$100 per day up to 3 days per admit	\$150 per day \$450 max pcy	\$300 per day \$900 max pcy	\$200 per admit \$600 per person \$1,000 family max pcy	no copay	no copay	no copay	none	
<b>Outpatient Surgery</b>	\$50	\$100	\$150	no copay	no copay	no copay	no copay	none	
<b>Emergency Room Copay (copay waived if admitted)</b>	\$100	\$75	\$100	\$50	\$100	\$150	\$200	none	
<b>Prescription Drugs</b>	30 day supply	34 day supply*	34 day supply*	30 day supply*	30 day supply	30 day supply	30 day supply	30 day supply	
<b>Deductible</b>	n/a	n/a	n/a	n/a	\$500 per person pcy deductible waived for generics	\$250 per person pcy deductible waived for generics	\$500 per person pcy deductible waived for generics	\$1,500	
<b>Generic</b>	\$15	\$10	\$15	\$10	no copay	no copay	no copay	80%	
<b>Brand</b>	\$30	\$20	\$25	\$15	70%	\$30	\$30	80%	
<b>Non Formulary</b>	n/a	\$35	\$40	\$30	70%	\$45	\$45	80%	
<b>Mail Order</b>	90 day supply \$30 / \$60	100 day supply* \$10 / \$20 / \$35	100 day supply* \$15 / \$25 / \$40	90 day supply* \$10 / \$30 / \$60	90 day supply \$0 / 75% / 75%	90 day supply \$0 / \$75 / \$112	90 day supply \$0 / \$75 / \$112	90 day supply 80%	
<b>Vision Exam</b>	\$30	not covered	not covered	not covered	not covered	not covered	not covered	not covered	
<b>Life Insurance</b>	not included	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	
<b>Monthly Premiums:</b>	* These services do not apply to your calendar/contract year deductible pcy = per calendar / contract year								
<b>Employee</b>	\$918.59	\$837.75	\$749.70	\$979.85	\$535.25	\$535.25	\$535.25	\$420.90	
<b>Employee &amp; Spouse</b>	\$1,773.62	\$1,532.75	\$1,371.80	\$1,882.45	\$971.65	\$971.65	\$971.65	\$763.05	
<b>Employee, Spouse &amp; Children</b>	\$2,135.69	\$1,837.50	\$1,644.55	\$2,267.65	\$1,164.05	\$1,164.05	\$1,164.05	\$901.45	
<b>Employee &amp; Children</b>	\$1,280.65	\$1,118.25	\$1,000.85	\$1,336.75	\$709.80	\$709.80	\$709.80	\$557.75	

This is intended to be a quick reference of your available medical plans and does not constitute a contract. Please consult your medical benefit book for a detailed comparison.