

# Plymouth Canton Community Schools

## Plan Offering - TEACHERS

**SEPTEMBER 1, 2023 - AUGUST 31, 2024**

BCBS COMMUNITY BLUE PPO	Plan Choice #1		Plan Choice #2		Plan Choice #3		Plan Choice #4		Plan Choice #5		Plan Choice #6	
Plan Design	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$100 / \$200	\$250 / \$500	\$500 / \$1,000	\$1,000/\$2,000	\$500 / \$1,000	\$1,000/\$2,000	\$1,250/\$2,500	\$2,500/\$5,000	\$1,450/\$2,900	\$2,900/\$5,800	\$2,000/\$4,000	\$4,000/\$8,000
Office Visit / Urgent Care	\$20 copay	70% after deductible	\$20 copay	70% after deductible	\$20 copay	60% after deductible	\$30 copay	80% after deductible	\$15 Office Visit/\$40 Urgent Care	70% after deductible	\$30 Office Visit/\$60 Urgent Care	60% after deductible
Emergency Room	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$250 copay (waived if injury or if admitted)	\$250 copay (waived if injury or if admitted)
Preventive Care	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered
Coinsurance	90% after deductible	70% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Coinsurance Maximum (Single/Family) Not Including	\$500/\$1,000	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000	N/A	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000
Prescription Drugs	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 1)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays
Out-of-Pocket Maximum In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year
	YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION	
Single	\$5,945.13		\$4,525.29		\$3,663.93		\$2,660.01		\$1,752.69		\$1,066.53	
2-Person	\$11,248.08		\$8,423.52		\$6,699.12		\$5,557.56		\$3,664.08		\$2,230.68	
Family	\$16,604.13		\$12,633.45		\$10,262.37		\$7,254.81		\$4,781.85		\$2,907.21	
	PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-23 (OVER 20 PAYS)	
Single	\$297.26		\$226.27		\$183.20		\$133.01		\$87.64		\$53.33	
2-Person	\$562.41		\$421.18		\$334.96		\$277.88		\$183.21		\$111.54	
Family	\$830.21		\$631.68		\$513.12		\$362.75		\$239.10		\$145.37	