

Plymouth Canton Community Schools

Plan Offering - TEACHERS

SEPTEMBER 1, 2021 - AUGUST 31, 2022

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
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	\$5,327.15		\$4,010.87		\$3,212.39		\$2,281.67		\$1,440.59		\$804.47	
2-Person	\$10,042.20		\$7,423.68		\$5,825.04		\$4,766.76		\$3,011.40		\$1,682.64	
Family	\$14,890.22		\$11,209.22		\$9,011.18		\$6,223.10		\$3,930.50		\$2,192.66	
	PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-21 (OVER 20 PAYS)	
Single	\$266.36		\$200.55		\$160.62		\$114.09		\$72.03		\$40.23	
2-Person	\$502.11		\$371.19		\$291.26		\$238.34		\$150.57		\$84.14	
Family	\$744.52		\$560.47		\$450.56		\$311.16		\$196.53		\$109.64	