

CITY OF ST. CHARLES SCHOOL DISTRICT
HEALTH INSURANCE COMPARISON - FULL NETWORK
EFFECTIVE JANUARY 1, 2023

FEATURES:	UMR Medical with United Healthcare PPO/OPTUM Rx					
	H.S.A. Plan		Base Plan		Premium Plan	
	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>
Individual Deductible:	\$3,000	\$6,000	\$750	\$1,500	\$500	\$1,000
Family Deductible:	\$6,000	\$12,000	\$1,500	\$3,000	\$1,000	\$2,000
	Embedded					
Co-Insurance:	100%	70%	90%	60%	100%	70%
Out of Pocket Maximum: (Incl. Ded.)						
Individual:	\$3,000	\$12,000	\$3,000	\$6,000	\$3,000	\$6,000
Family:	\$6,000	\$24,000	\$6,000	\$12,000	\$6,000	\$12,000
<u>Office Care</u>						
<i>The Bridge Health Center</i>	<i>Fair Market Cost TBD</i>		<i>\$0 Cost to Member</i>		<i>\$0 Cost to Member</i>	
Office Visits PCP:	Deductible & Coinsurance		\$40 Co-Pay	Deductible & Coinsurance	\$35 Co-Pay	Deductible & Coinsurance
Specialist:	Deductible & Coinsurance		\$50 Co-Pay	Deductible & Coinsurance	\$40 Co-Pay	Deductible & Coinsurance
<i>Preventive Care (via healthcare reform)</i>	100%	Deductible & Coinsurance	100%	Deductible & Coinsurance	100%	Deductible & Coinsurance
<u>Outpatient Lab Work</u>						
<i>The Bridge Health Center</i>	<i>Fair Market Cost TBD</i>		<i>\$0 Cost to Member</i>		<i>\$0 Cost to Member</i>	
Office Setting/Free Standing Lab:	Deductible & Coinsurance		Deductible & Coinsurance or co-pay	Deductible & Coinsurance	Deductible & Coinsurance or co-pay	Deductible & Coinsurance
Outpatient and Inpatient Hospital & X-Ray:	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
<u>Acute Care</u>						
<i>The Bridge Health Center</i>	<i>Fair Market Cost TBD</i>		<i>\$0 Cost to Member</i>		<i>\$0 Cost to Member</i>	
Urgent Care	Deductible & Coinsurance		\$150 Co-Pay	Deductible & Coinsurance	\$125 Co-Pay	Deductible & Coinsurance
Emergency Room:	Deductible & Coinsurance		\$300 Co-Pay (Waived if Admitted)		\$250 Co-Pay (Waived if Admitted)	
*Prescription Drug Coverage:	Deductible & Coinsurance		\$150 Ded, then \$10/30/70 Separate \$3,000 OOP Max		\$10/25/50 Co-Pay at Separate \$3,000 OOP Max	
Mail Order Drug Coverage:	Deductible & Coinsurance	Not Covered	\$150 Ded, 2 x Co-Pay for 90 Days		2 x Co-pay for 90 Days	
<i>District Contribution to H.S.A.</i>	<i>\$1,200/yr.- \$600/Jan. 5th & March 5th</i>		n/a		n/a	
<u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u>	<u>H.S.A Plan</u>		<u>Base Plan</u>		<u>Premium Plan</u>	
Individual Only*	\$0.00 (\$740*)		\$0.00 (\$835*)		\$65 (\$900*)	
Spouse	\$410		\$455		\$745	
Children	\$305		\$335		\$610	
Family	\$725		\$800		\$1,370	
*District continues to pay the individual portion (the above illustration is an outline of the plan's coverage not to be used to determine if claims are eligible for payment)						

**The District offers employees to waive participation in the Medical benefit plan if provided with documentation that you are covered under another group medical plan.

In lieu of participation in the medical benefit plan, the employee will receive \$100 per pay stipend - ask for details. The above outline is for illustration purposes only.