

		AIET		BBDL		BA9R	
		NAVIGATE HMO HSA		NAVIGATE HMO COPAY		CHOICE+ PPO COPAY	
Benefits*		Network Single/Family		Network Single/Family		Network Single/Family	
Office Copay (PCP/SPC)		0% After DEDUCTIBLE		PCP \$30, SPC \$60		PCP \$30, SPECIALIST \$60	
Virtual Visits		\$40 copay		\$0 copay		\$10 copay	
Hospital Copays		0% After DEDUCTIBLE		\$300 Inpatient Per Occurance copay then 30% After Deductible. \$150 Outpatient Per Occurance copay then 30% After deductible.		30% After DEDUCTIBLE	
UC/ER/Major Diag Copay		0% After DEDUCTIBLE		UC \$30, Major Diagnostic tests \$300 copay NOT subject to DEDUCTIBLE - ER 30% After DEDUCTIBLE		UC \$60, ER & MAJOR DIAGNOSTICS 30% After DEDUCTIBLE	
Labs & X-Ray		0% After DEDUCTIBLE		30% After DEDUCTIBLE		0\$ Copay	
Deductible		\$6350/\$12700 (Emb)		\$3000/6000 (Emb)		\$4000/\$8000 (Emb)	
Coinsurance		100%		70%		70%	
Out-of-Pocket		\$6350/\$12700		\$7000/14000		\$6350/12700	
Pharmacy		0% After DEDUCTIBLE		\$15/40/80/125; 2.5x for M.O.		\$15/40/80/125; 2.5x for M.O.	
		Out of Network Single/Family		Out of Network Single/Family		Out of Network Single/Family	
Deductible		N/A		N/A		\$8000/\$24000 (Emb)	
Coinsurance		N/A		N/A		50%	
Out of Pocket		N/A		N/A		\$12700/\$25700	
		MONTHLY		MONTHLY		MONTHLY	
Rates		DISTRICT	EMPLOYEE COST	DISTRICT	EMPLOYEE COST	DISTRICT	EMPLOYEE COST
Employee		\$654.94	\$0.00	\$653.72	\$0.00	\$840.27	\$185.33
Employee + Family		\$1,480.16	\$825.22	\$1,477.41	\$822.47	\$1,899.01	\$1,244.07
VSP - VISION							
Exams (Once every 12 months)-				\$0 copay (after \$10 annual deductible)			
Single Vision Lenses, Bifocals or Trifocals-				No Charge (after \$25 annual deductible for materials)			
Frames (Once every 24 months)-				\$130 Retail frame allowance (20% discount over allowed amount)			
Contacts-Necessary*				No Charge after \$15 material copay			
Contacts-Elective*-				\$130 Retail allowance			
*Lenses and Contacts once every 12 months							
MONTHLY RATES							
		Tier	Cost	District Pays	Employee Cost		
		Employee	\$6.96	\$6.96	\$0.00		
		Employee + 1	\$12.80		\$5.84		
		Family	\$19.72		\$12.76		