

**CITY OF ST. CHARLES SCHOOL DISTRICT**  
**HEALTH INSURANCE COMPARISON - FULL NETWORK**

**EFFECTIVE JANUARY 1, 2022**

FEATURES:	UMR - UnitedHealth Choice Plus PPO/Optum Rx					
	H.S.A		Base Plan		Premium Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
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
	<b>Embedded</b>					
Co-Insurance:	100%	70%	90%	60%	100%	70%
<b>Out of Pocket Maximum: (Incl. Ded.)</b>						
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
<b>Office Care</b>						
<i>The Bridge Health Center</i>	\$35.00		\$0 Cost to Member		\$0 Cost to Member	
Office Visits PCP: Specialist Preventive Care (via healthcare reform)	Deductible & Coinsurance 100%	Deductible & Coinsurance	\$40 Co-Pay \$50 Co-Pay 100%	Deductible & Coinsurance	\$35 Co-Pay \$40 Co-Pay 100%	Deductible & Coinsurance
<b>Outpatient Lab Work</b>						
<i>The Bridge Health Center</i>	\$35.00		\$0 Cost to Member		\$0 Cost to Member	
Office Setting/Free Standing Lab: Outpatient and Inpatient Hospital & X-	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coins. Coinsurance or Copay	
	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
<b>Acute Care</b>						
<i>The Bridge Health Center</i>	\$35.00		\$0 Cost to Member		\$0 Cost to Member	
Urgent Care	Deductible & Coinsurance		\$150 Co-Pay	Ded & Coins.	\$125 Co-Pay	Ded & Coins.
Emergency Room: (True Emergency)	Deductible & Coinsurance		<b>\$300 Co-Pay</b> Waived if Admitted		<b>\$250 Co-Pay</b> Waived if Admitted	
Prescription Drug Coverage:	Deductible & Coinsurance		\$150 Ded, then \$10/\$30/\$70 at Participating Pharmacies <b>Separate \$3,000.00 OOP Max</b>		\$10/\$25/\$50 Co-Pay at Participating Pharmacies <b>Separate \$3,000.00 OOP Max</b>	
Mail Order Drug Coverage:	Deductible & Coinsurance	Not Covered	\$150 Ded, 2 x Co-Pay for a 90 Day Supply	Not Covered	2 x Co-Pay for a 90 Day Supply	Not Covered
<i>District Contribution to H.S.A.</i>	\$1200/yr.-\$600/Jan.5th & March 5th		n/a		n/a	
<b>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</b>	<b>H.S.A Plan</b>		<b>Base Plan</b>		<b>Premium Plan</b>	
<i>Individual Only*</i>	\$0.00 (\$710*)		\$0.00 (\$795*)		\$52.00 (\$795*)	
<i>Spouse</i>	\$405.00		\$450.00		\$732.00	
<i>Child(ren)</i>	\$300.00		\$330.00		\$595.00	
<i>Family</i>	\$715.00		\$790.00		\$1,342.00	

\*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.