

Westview School Corporation

Effective January 1, 2023 - December 31, 2023

Benefits Summary

	PPO Plan		HDHP 1		HDHP 2	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible (Single/Family)	\$1,250/\$2,500	\$2,500/\$5,000	\$3,500/\$7,000	\$7,000/\$14,000	\$6,500/\$13,000	\$13,000/\$26,000
Coinsurance	70%	50%	80%	60%	100%	60%
Out-of-Pocket Limit (Single/Family)	\$4,250/\$8,500	\$8,500/\$17,000	\$5,000/\$10,000	\$14,000/\$28,000	\$6,500/\$13,000	\$26,000/\$52,000
Hospital Expenses	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Physician Office Visits (PCP/SCP)	\$35 Copay	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance		Deductible/Coinsurance		Deductible/Coinsurance	
Urgent Care	\$60 Copay	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Preventive Services	100% No Cost Share	Deductible/Coinsurance	100% No Cost Share	Deductible/Coinsurance	100% No Cost Share	Deductible/Coinsurance
Prescription Drugs - Pharmacy	RX OOP Max : \$3,350/\$6,700					
Tier 1	\$15	Greater of \$40 or 50%	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
Tier 2	\$50					
Tier 3	\$75					
Mail Order						
Tier 1	\$30	Not Covered	Subject to Deductible/Coinsurance	Not Covered	Subject to Deductible/Coinsurance	Not Covered
Tier 2	\$100					
Tier 3	\$150					

Deductibles Apply to covered services listed with a percentage (%) coinsurance.

~All plans have an embedded deductible and out of pocket limit in which any one member within the family will not exceed the single deductible or out of pocket limit.