



## ADEL-DESOTO-MINBURN CSD 2023 - 2024 HEALTH PLAN OPTIONS

DESIGNATE PRIMARY DOCTOR / NO OON Coverage		DESIGNATE PRIMARY DOCTOR / OON Coverage			
WELLMARK NETWORK	Blue Advantage HMO	Blue Choice 750 POS		Copay 1250 PPO	
	HMO	POS		PPO	
	In-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	Embedded	Embedded		Embedded	
Individual	\$0	\$750		\$1,250	
Family	\$0	\$1,500		\$2,500	
Out-of-Pocket Max	(includes deductible)	(includes deductible)		(includes deductible)	
Individual	\$750	\$1,500		\$2,500	
Family	\$1,500	\$3,000		\$5,000	
Coinsurance	10%	10%	20%	20%	30%
Physician's Office Visits	\$10 copay	\$15 / \$30 Copay	Deductible, then coinsurance	\$10 Copay	Deductible, then coinsurance
Primary Care					
Specialists					
Telemedicine					
Well-Child Care	Covered in Full	Covered in Full	Deductible, then coinsurance	Covered in Full	Deductible, then coinsurance
Office visits / Immunizations					
Adult Preventive Care	Covered in Full	Covered in Full	Deductible, then coinsurance	Covered in Full	Deductible, then coinsurance
Routine Physicals / Labs / GYN					
Vision Exam					
Hospital Care	Deductible, then coinsurance	Deductible, then	Deductible, then	Deductible, then	Deductible, then
Inpatient treatment / Outpatient					
Behavioral Health					
Inpatient / Outpatient					
Physical, Speech, Occupational Therapies	Deductible, then coinsurance	Deductible, then coinsurance	Deductible, then coinsurance	Deductible, then coinsurance	Deductible, then coinsurance
Infertility Benefits	\$15,000 lifetime maximum for transfer procedures	\$15,000 lifetime maximum for transfer procedures		\$25,000 lifetime maximum for transfer procedures	
Retail Drugs (30-days supply)	NA	NA		NA	
Deductible					
Tier 1		\$8		\$10	
Tier 2		\$35		\$20	
Tier 3		\$50		\$30	
Specialty		\$85		\$85	
Out-of-Pocket Max		\$1,500 / \$3,000		\$500 /\$1,000	
Mail -Order Drugs (90 days supply)	\$10	\$16		\$20	
Tier 1					
Tier 2		\$70		\$40	
Tier 3		\$100		\$60	
Premium Rates	Blue Advantage HMO	Blue Choice 750 POS		Copay 1250 PPO	
Single	\$632.53	\$597.23		\$632.54	
Family	\$1,839.43	\$1,732.71		\$1,839.46	
2 Person	\$1,222.44	\$1,152.23		\$1,222.46	

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.