

# Plan Design Structure

Effective 9/1/19-8/31/2020

Plan Name	New Castle Community Schools (HDHP Plan)		New Castle Community Schools (PPO Plan)	
	AdvantUs Network	OON	AdvantUs Network	OON
<b>Deductible</b>				
Single	\$2,700	\$8,000	\$250	\$8,000
Family	\$5,300	\$16,000	\$500	\$16,000
<b>Coinsurance</b>	100%	50%	80%	60%
<b>Coinsurance OOP</b>				
Single	\$0	\$13,450	\$1,000	\$13,450
Family	\$0	\$26,900	\$2,000	\$26,900
<b>Maximum OOP</b>				
Single	\$5,400	\$21,450	\$1,250	\$21,450
Family	\$10,600	\$42,900	\$2,500	\$42,900
<b>Preventative Care</b>	100%	Ded & OOP	100%	Ded & OOP
<b>Medical Copays*</b>				
PCP	\$40	Ded & OOP	\$40	Ded & OOP
Specialist	\$60	Ded & OOP	\$40	Ded & OOP
Urgent Care	\$75	Ded & OOP	\$40	Ded & OOP
ER	\$250, copayment waived if admitted		\$250, copayment waived if admitted	
<b>Rx Maximum OOP</b>	Not Applicable		TrueRx Network	
Single			\$5,900	
Family			\$11,800	
<b>Rx Copays*</b>	Copays apply after the In-Network Deductible is met and feeds to the In-Network Maximum OOP			
	Retail / 30 Day	Mail Order/ Retail 90	Retail / 30 Day	Mail Order/ Retail 90
Generic	\$10	\$25	\$7	\$14
Preferred Brand	\$30	\$75	\$21, or 20% up to \$250	\$42
Non-Preferred Brand	\$60	\$180	\$21, or 20% up to \$250	\$42
Specialty	Not Covered		Not Covered	

**\*All Copayments apply after the Deductible has been met**

**\* Medical Copayments apply to the Medical Maximum OOP and Rx Copayments apply to the separate Rx Maximum OOP**