



MT. VERNON COMMUNITY SCHOOL DISTRICT
EDUCATORS GROUP PLAN OPTIONS
EFFECTIVE JULY 1, 2018 - JUNE 30, 2019

Medical	Classic 200		Select 750		Select 2000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Alliance Select		Alliance Select		Alliance Select	
Deductible (Annual)	\$200 \$400		\$750 \$1,500		\$2,000 \$4,000	
Out-of-Pocket Maximum (Annual)	\$500 \$1,000		\$1,500 \$3,000		\$4,000 \$8,000	
Coinsurance	10%	20%	25%	35%	20%	30%
Office Visits - Primary Care	10% coinsurance; Deductible waived	20% coinsurance after deductible	25% coinsurance; Deductible waived	35% coinsurance after deductible	20% coinsurance; Deductible waived	30% coinsurance after deductible
Office Visits - Specialty Care	10% coinsurance; Deductible waived	20% coinsurance after deductible	25% coinsurance; Deductible waived	35% coinsurance after deductible	20% coinsurance; Deductible waived	30% coinsurance after deductible
Telehealth - Doctor on Demand	10% coinsurance; Deductible waived	NA	25% coinsurance; Deductible waived	NA	20% coinsurance; Deductible waived	NA
Preventive Care: <i>Adult Health Exam; Well Child to age 7; Well-Woman Services; Immunizations</i>	0% In-Network	20% coinsurance after deductible	0% In-Network	35% coinsurance after deductible	0% In-Network	30% coinsurance after deductible
Hospitalization - Inpatient or Outpatient	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Emergency Room	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Mental Health / Chemical Dependency - Inpatient or Outpatient	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Ambulance	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient Therapy (Speech, occupational, physical)	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Diagnostic X-Rays and Labs	10% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Infertility Benefits*	\$25,000 lifetime maximum for transfer procedures		\$25,000 lifetime maximum for transfer procedures		\$25,000 lifetime maximum for transfer procedures	

Pharmacy	Classic 200	Select 750	Select 2000
Network	In-Network Complete Blue Rx	In-Network Complete Blue Rx	In-Network Complete Blue Rx
Rx Deductible (Waived for Tier 1)	Deductible then 20% coinsurance. Medical and Rx Deductible and Out-of-Pocket Maximum are combined.	\$50	\$50
Retail Pharmacy (30-day supply)		\$100	\$100
		\$10	\$10
		\$25	\$25
		\$40	\$40
Specialty Preferred		\$85	\$85
Specialty Non-Preferred		\$85	\$85
RX Out-of-Pocket Maximum		\$1,500	\$1,500
		\$3,000	\$3,000
Mail Order (90-day supply)			\$20
Rx Deductible applies; is waived for Tier 1		\$50	\$50
		\$80	\$80
Premium Rates	FSA	FSA	FSA
Single	\$868.24	\$774.02	\$692.42
Family	\$2,104.35	\$1,870.52	\$1,668.02

NOTES:

Doctor on Demand: Doctor On Demand is a virtual visit platform that immediately connects you to a board-certified physician by live video on your smartphone, tablet or computer. - Member cost to use Doctor on Demand is the same coinsurance % or Copay \$ as that for a Primary Office Visit.

HDHP: Member cost to use Doctor On Demand is \$49; or \$65 to \$110 (depending on length) for Psychologist. Deductible is waived.

* Eligible infertility charges are covered as any other service and coinsurance will apply to annual out-of-pocket maximum.

Pharmacy: If you use a nonparticipating pharmacy, you must pay the amount charged at the time of purchase, and the amount Wellmark reimburses you may be less than what you paid. You are responsible for this difference.

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.