



# Harding TWP BOE

Group # 80038

Existing Plans

PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Direct Access Design 8 \$10 copay	20	Active	in-net ov copay	\$10 pcp/specialist
			Er copay	\$25 copay
	21	COBRA	In Patient Hospital copay OON	\$200 per admission
			in-net deductible	none
	22	Self pay Retiree	in-net coinsurance	100%
			in-network MOOP	\$400/\$800
	23	Dep 31	out-net deductible	\$100/\$250
			OON MOOP	\$2,000/\$5,000
			out-net coinsurance	70%
			Telemedicine	\$10 copay
			Institutional Reimbursement	Horizon Allowance
			Professional Reimbursement	80th Fair Health- GEO
			ASC Reimbursement	160% of CMS
			RX -MMRX	90% retail , no mail order
		Dep age	EOY 26	
PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Advantage EPO Design 1 \$20/\$40 copay	30	Active	in-net ov copay	\$20.00 pcp/ \$40 specialist
			Er copay	\$100 copay
	31	COBRA	In-Patient copay	\$250 per day up to 5 days
			Out- Patient surgery copay	\$200.00
	32	Self pay Retiree	Surgical Center copay	\$100.00
			in-network deductible	none
	33	Dep 31	Max out of Pocket	\$2,500/\$5,000
			Telemedicine	\$10 copay
			Institutional Reimbursement	Not covered
			Professional Reimbursement	Not covered
			ASC Reimbursement	Not covered
			RX -MMRX	80% retail, no mail order
			Dep age	EOY 26
	PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS
POS Design 8 \$20 copay	35	Active	in-net ov/spec copay	\$20.00
			Er copay	\$25 copay
	36	COBRA	In-Patient copay	\$200 ( oon only)
			in-net deductible	none
	37	Self pay Retiree	in-net coinsurance	100%
			in-network MOOP	\$400/\$800
	38	Dep 31	out-net deductible	\$400/\$1,000
			OON MOOP maximum	\$4,000/\$10,000
			out-net coinsurance	70%
			Telemedicine	\$15 copay
			Institutional Reimbursement	Horizon Allowance
			Professional Reimbursement	70th Fair Health- GEO
			ASC Reimbursement	160% of CMS
			RX -MMRX	90% retail , no mail order
		Dep age	EOY 26	
PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
DA H.S.A. banking	40	Active	in-net ov/spec copay	80% after ded -
			oon-net ov/spec copay	60% after ded -
	41	COBRA	Er copay	80% after deductible
			in & out of net deductible	\$1500/\$3000
	42	Self pay Retiree	in-net coinsurance	80%
			in-network MOOP	\$5,000/\$10,000
	43	Dep 31	OON MOOP maximum	\$10,000/\$20,000
			out-net coinsurance	60%
			Telemedicine	80% after deductible
			Institutional Reimbursement	Horizon Allowance
			Professional Reimbursement	80th Fair Health- GEO
			ASC Reimbursement	160% of CMS
			CDHRX	80% after deductible Retail & MO
			Dep age	EOY 26

New  
Plan

PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Direct Access	45	Active	in-net ov copay	\$10 pcp/ \$15 specialist
Educator Plan	46	COBRA	Er copay	\$100 copay
\$10/ \$15 copay	47	Self pay Retiree	in-net deductible	none
	48	Dep 31	in-net coinsurance	100%
			in-network MOOP	\$500/\$1,000
			out-net deductible	\$350/\$700
			out-net MOOP	\$2,000/\$5,000
			out-net coinsurance	70%
			Telemedicine	\$15
			Institutional Reimbursement	200% CMS
			Professional Reimbursement	200% CMS
			ASC Reimbursement	200% CMS
			Rx	Preferred drugs \$5 generic /\$10 Brand retail Preferred drugs \$10 generic /\$20 Brand MO Non-preferred drugs & specialty drugs \$10 retail ** Non-preferred drugs & specialty \$20 MO ** ** Non-Preferred and Specialty Drugs - Member pays difference + Brand Copay
			Retail day supply	1 copay per 30 day supply
			RX MOOP	\$1,600/\$3,200
			Dep Term	EOY 26
Billing Acct # 337331919- sub group 20,30,35,40				
Billing Acct # 759134203- sub group 21,31,36,41				
Billing Acct # 477542065- sub group 22,32,37,42				
Probationary period new hires : Date of Hire				
Employee Termination : End of the Month				