

# MSD of Washington Township

## Comparison of Coverage

### Options

	What <u>YOU</u> pay when obtaining care <u>in network</u>	
	<b>Choice 1</b> <b>PPO</b> <b>\$1500 deductible</b>	<b>Choice 2</b> <b>HDHP</b> <b>\$3000 deductible</b>
Preventive Care	Covered in Full	Covered in Full
Primary Care Office Visit	\$25, no deductible	\$0, after the deductible
Specialist Office Visit	\$50, no deductible	\$0, after the deductible
Outpatient Rehab Therapy	\$25, no deductible	\$0, after the deductible
Chiropractic Manipulative Treatment	\$25, no deductible	\$0, after the deductible
Urgent Care	\$50, no deductible	\$0, after the deductible
Emergency Room	\$150, no deductible	\$0, after the deductible
<b>Annual Deductible</b> calendar year - resets on 1/1		
<b>Per Individual</b>	\$1,500	\$3,000
Family Limit	\$1,750	\$6,000
<b>Coinsurance</b>		
Ambulance	20%, after deductible	\$0, after the deductible
Durable Medical Equipment	20%, after deductible	\$0, after the deductible
Lab, X-Ray and Major Diagnostics	20%, after deductible	\$0, after the deductible
Inpatient Hospital	20%, after deductible	\$0, after the deductible
Outpatient Procedures & Services	20%, after deductible	\$0, after the deductible
<b>Out of Pocket (OOP) Maximum</b> when all eligible charges paid @ 100%		
<b>Per Individual</b>	\$3,250	\$3,000
Family Limit	\$6,500	\$6,000
<b>Prescription Drugs (TrueScripts)</b>		
<b>Retail Pharmacy up to 31 day supply</b>		
Tier 1 Formulary Listing	\$10	\$0, after the deductible
Tier 2 Formulary Listing	\$35	\$0, after the deductible
Tier 3 Formulary Listing	\$60	\$0, after the deductible
<b>Mail Order up to a 90 day supply</b>		
Tier 1 Formulary Listing	\$25	\$0, after the deductible
Tier 2 Formulary Listing	\$88	\$0, after the deductible
Tier 3 Formulary Listing	\$150	\$0, after the deductible

**Both plans include access to the Health & Wellness Center!**

**ALL WELLNESS CENTER SERVICES ARE FREE TO THOSE COVERED BY THE HEALTH PLAN**

*This document is provided only as a general overview of the benefit plans and should not be solely relied upon when determining your coverage.*

**A Summary of Benefits & Coverage (SBC) may be found by visiting [www.msdt.k12.in.us](http://www.msdt.k12.in.us)**