WINSLOW
Unified School District

PLAN YEAR 2023-2024

# MEDICAL PLANS

| | Copay Gold<br>In Network | Value Silver<br>In Network | HDHP3000*<br>In Network |
|---|---|---|---|
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Calendar Year | Unlimited | Unlimited | Unlimited |
| **Deductibles** | | | |
| Individual | None | $1,000 | $3,000 |
| Family | None | $2,000 | $6,000 |
| Coinsurance | N/A | 25% | 0% |
| **Out-of-Pocket Maximum** | | | |
| Individual | $6,350 | $6,000 | $6,350 |
| Family | $12,700 | $12,000 | $12,700 |
| **Hospital Services** | | | |
| Inpatient Hospital | $250 Copay | $250 Copay, then 25% | $250 Copay, then 0% after deductible |
| Outpatient Hospital | $75 Copay | Deductible, then 25% | Deductible, then 0% |
| Emergency Room | $150 Copay | Deductible, then 25% | Deductible, then 0% |
| Urgent Care | $50 Copay | $50 Copay, then 25% | Deductible, then 0% |
| **Routine Services** | | | |
| Office Visit | $30 Copay | $40 Copay | Deductible, then 0% |
| Specialist Visit | $40 Copay | $50 Copay | Deductible, then 0% |
| Preventive Care | Covered in Full | Covered in Full | Covered in Full |
| Lab & X-Ray | $30 Copay | Deductible, then 25% | Deductible, then 0% |
| Chiropractic | $40 Copay | $50 Copay | Deductible, then 0% |
| **Prescription Drugs** | | | |
| Tier 1 | $15 Copay | $15 Copay | Deductible, then 0% |
| Tier 2 | 20% ($25 min/$80 max) | 20% ($25 min/$80 max) | Deductible, then 0% |
| Tier 3 | 40% ($40 min/$110 max) | 40% ($40 min/$110 max) | Deductible, then 0% |
| Tier 4 Specialty | $50/$100/$150/$200 | $50/$100/$150/$200 | Deductible, then 0% |
| Mail-Order | 2x Retail | 2x Retail | Deductible, then 0% |

| **Employee Cost** | 21 Pays | 26 Pays | 21 Pays | 26 Pays | 21 Pays | 26 Pays |
|---|---|---|---|---|---|---|
| Employee Only | $193.00 | $155.88 | $48.56 | $39.22 | $0.00 | $0.00 |
| Employee + Spouse | $827.42 | $668.30 | $577.69 | $466.59 | $408.79 | $330.18 |
| Employee + (Child)ren | $783.01 | $632.43 | $540.65 | $436.68 | $377.67 | $305.04 |
| Employee + Family | $1,322.27 | $1,067.99 | $990.41 | $799.94 | $755.65 | $610.33 |

# DENTAL PLANS

## DELTA - BASE PLAN

| | In Network |
|---|---|
| **Annual Deductibles** | |
| Individual | $25 |
| Family | $75 |
| Annual Plan Maximum | $1,000 |
| **Benefits** | |
| Type I - Diagnostic & Preventive | 100% In / 100% Out |
| Type II - Basic Service | 80% In / 80% Out |
| Type III - Major Services | 50% In / 50% Out |
| **Orthodontic Benefits** | |
| Orthodontia Age Limitation | 19 years old |
| Lifetime Maximum | 50% to $500 |
| Annual Deductible | $50 |
| Adult Orthodontia | N/A |
| **Other Benefits** | |
| Periodontic Coverage | 80% In / 80% Out |
| Endodontic Coverage | 80% In / 80% Out |

## DELTA - BUY-UP

| | In Network |
|---|---|
| **Annual Deductibles** | |
| Individual | $25 |
| Family | $75 |
| Annual Plan Maximum | $1,500 (excluding preventive) |
| **Benefits** | |
| Type I - Diagnostic & Preventive | 100% In / 100% Out |
| Type II - Basic Service | 80% In / 80% Out |
| Type III - Major Services | 50% In / 50% Out |
| **Orthodontic Benefits** | |
| Orthodontia Age Limitation | 19 years old |
| Lifetime Maximum | 50% to $1,000 |
| Annual Deductible | $50 |
| Adult Orthodontia | N/A |
| **Other Benefits** | |
| Periodontic Coverage | 80% In / 80% Out |
| Endodontic Coverage | 80% In / 80% Out |

# VISION PLAN

## AVESIS

| | In Network | | In Network |
|---|---|---|---|
| Exam | $0 copay | Lenses | |
| Frequency | 12 months | Frequency | 12 months |
| Frames | $150 allowance | Single | $0 copay |
| Frequency | 24 months | Bifocal | $0 copay |
| Contact Lenses | $130 allowance | Trifocal | $0 copay |
| Frequency | 12 months | Standard Progressives | Covered up to $50, plus 20% off retail |

| Employee Cost | Dental Base Plan 21 Pays | Dental Base Plan 26 Pays | Dental Buy-Up Plan 21 Pays | Dental Buy-Up Plan 26 Pays | Vision Plan 21 Pays | Vision Plan 26 Pays |
|---|---|---|---|---|---|---|
| Employee Only | $0.00 | $0.00 | $4.87 | $3.93 | $0.00 | $0.00 |
| Employee + Spouse | $21.15 | $17.09 | $30.88 | $24.94 | $3.10 | $2.50 |
| Employee + (Child)ren | $17.86 | $14.43 | $26.83 | $21.67 | $5.35 | $4.32 |
| Employee + Family | $39.31 | $31.75 | $53.23 | $43.00 | $8.06 | $6.51 |