



2018-2019 Post-65 Retiree Health Plan Options

All Post-65 Retiree Medical Plan benefits are secondary to Medicare coverages.

\$1000 Deductible Health Plan Includes Medical & Pharmacy Only			\$1500 High Deductible Health Plan Includes Medical & Pharmacy Only			\$2500 High Deductible Health Plan Includes Medical & Pharmacy Only			
\$1,000 PPO			\$1,500 HDHP			\$2,500 HDHP			
		In Network	OON			In-Network	OON		
ER Copay		\$150	\$150	ER Copay		n/a	n/a	ER Copay	
Deductible *				Deductible ^				Deductible ^	
	Single	\$1,000	\$2,000		Single	\$1,500	\$5,000		Single
	Family	\$2,000	\$4,000		Not Single	\$3,000	\$10,000		Not Single
Coinsurance		20%	50%	Coinsurance		20%	50%	Coinsurance	
OOP Maximum				OOP Maximum				OOP Maximum	
	Single	\$4,000	\$8,000		Single	\$4,500	\$10,000		Single
	Family	\$8,000	\$16,000		Not Single ^^	\$9,000	\$20,000		Not Single ^^
Pharmacy Retail		\$5/20% + \$10/30% + \$15		Pharmacy Retail		20% after deductible		Pharmacy Retail	
Pharmacy Mail		\$0/20%/30% + \$15		Pharmacy Mail Program		20% after deductible		Pharmacy Mail Program	
Pharmacy Specialty Rx		\$5/20% + \$10/30% + \$15		Pharmacy Specialty Rx		20% after deductible		Pharmacy Specialty Rx	
Preventative Procedures Covered at 100% In-network			Preventative Procedures Covered at 100% In-network			Preventative Procedures Covered at 100% In-network			
Out of Pocket maximum includes deductibles and Medical and Pharmacy copays. Pharmacy counts towards in-network only.			Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.			Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.			
* Deductible: If you have family coverage, any combination of covered family members can help meet the maximum family deductible, up to each person's individual amount.			^ Deductible: If you have family coverage, any combination of covered family members can help meet the maximum family deductible.			^^ Not Single In-Network Out-of Pocket Maximum: \$6,850 PPO Maximum amount that any one person will satisfy towards the annual family OOP in-network only.			

Medicare Supplemental Type Plan Includes Medical Only		
Plan Design		
No Network		
OV Copay:	n/a	
ER Surcharge:	n/a	
Urgent Care:	n/a	
Deductible:		
	Single	n/a
	Two-Party	n/a
	Medicare Eligible	Non-Medicare Eligible
Coinsurance:	0%	20%
OOP Maximum:	Medicare Eligible	Non-Medicare Eligible
	Single	\$0
	Two-Party	\$0
Pharmacy:	No Benefit	

- Services not covered by Medicare may be covered under this plan subject to the Medical Schedule of Benefits.
- Post-65 Retirees choosing to enroll in this plan will not be allowed to change to other SCSD #1 health plans with prescription coverages.
- Retirees choosing this plan must find a Medicare Part D supplement for prescription coverage.

Stand-Alone Dental & Vision Plans

Dental	
* Deductible:	
Single	\$50
Two-Party	\$100
Diagnostic/Preventive	100% (ded waived)
Basic Services	80%
Major Services	80%
Orthodontic	80%
Annual Benefit Maximum	\$1,500 per person
Lifetime Ortho Maximum	\$1,500 per person
Vision	
Eye Exam (1 per year)	100%
Lenses (1 set per year)	100% to \$350 Max 100% to \$125 Max \$100 to \$350 Max
Frames (1 pair per year)	
Elective Contacts (1x year)	

- If you have two-party coverage, any combination of covered members can meet the maximum two-party deductible up to each individual amount.
- Medical enrollment is not required to maintain Dental and/or Vision coverages.