

Madison District Public Schools

In-Network Benefits	Messa Choices	HAP PPO	HAP HDHP PPO	Priority PPO 500	UHC Choice Plus	UHC H S A
Deductible	\$500 /\$1000	\$500 /\$1000	\$1300/\$2600	\$500 /\$1000	\$500 /\$1000	\$1300 /\$2600
Percent Coinsurance	100%	100%	80%	100%	100%	100%
Out of Pocket Maximum	\$1000/\$2000	\$1500/\$3000	\$2300/\$4600	\$7150/\$14300	\$1000/\$2000	\$3000/\$6000
Hospital/Medical/Surgical						
Hospital Room & Board	100% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
Surgery	100% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
Diagnostic, X-ray & Lab	100% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
ER/Urgent Care Copay	\$50/\$25 copay	\$50/\$25 copay	80% after deductible	\$100/\$75 copay, deductible doesn't apply	\$50/\$25 copay	100% after deductible
Hi Tech Imaging, CT, MRI	N/A	100% after deductible	80% after deductible	100%	100% after deductible	100% after deductible
Outpatient Medical						
Doctor's Office Visits/Specialist (Injury or Illness only)	\$20 copay	\$20/\$20 copay	80% after deductible	\$20/\$35 copay	\$20 copay	100% after deductible
Pre & Post Natal Care	100% covered	\$0/\$20 copay	100%/80% after deductible	100%	\$20 copay	100% covered
Allergy Testing/Therapy	100% after deductible	100% after deductible	80% after deductible	100% after deductible	\$20 copay/Deductible & Coinsurance	100% after deductible
Well Baby Care	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Immunizations	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Routine Physical Exams	100% covered	100% covered	100% covered	100% covered	100% covered	100% after deductible
Prescription Drugs	\$2/\$10/\$20/\$40	\$10/\$20/\$35	\$10/\$20/\$40 after deductible	\$10/\$20/\$40	\$10/\$20/\$50	\$10/\$35/\$60 after deductible
Out of Network						
Deductible	2x In Network	2x In Network	\$2500/\$5000	2x In Network	2x In Network	\$5000/\$15,000
Percent Coinsurance	N/A	80% Coinsurance	60% Coinsurance	80% Coinsurance AD	80% Coinsurance	70% Coinsurance
Coinsurance Maximum	\$2000/\$4000	\$1000/\$2000	\$4500/\$9000	\$1500/\$3000	\$8000/\$16000	\$10000/\$30000
Monthly Premium						
Single	\$734.97	\$675.13	\$547.57	\$657.73	\$633.85	\$504.81
2 Person	\$1,651.81	\$1,517.28	\$1,230.59	\$1,478.24	\$1,424.47	\$1,134.47
Family	\$2,055.21	\$1,887.82	\$1,531.13	\$1,839.21	\$1,772.34	\$1,411.52
Monthly Cost	\$146,087.21	\$130,929.60	\$106,191.26	\$124,765.04	\$125,983.00	\$100,335.00
ANNUAL COST	\$1,753,046.52	\$1,571,155.20	\$1,274,295.12	\$1,497,180.48	\$1,511,796.00	\$1,204,020.00

2017 Hardcap Limit: S-\$528.73 / 2P-\$1105.74 / F-\$1442.00