

Option 2

OAP Deductible Plan with HSA: A health plan that lets you choose which health care providers to see and when

This option combines an Open Access Plus (OAP) Deductible Plan with a Health Savings Account (HSA) to provide coverage for medical care, including visits to your doctor’s office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy and other services. You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan, such as dental and vision expenses. You decide how and when you spend your health plan dollars. Once your HSA account is open, both you and your employer may contribute to your account, up to the current federal limit.

With the OAP Deductible Plan, you’ll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs.

Plan deductible always applies before any coinsurance.

- All eligible family members contribute toward the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member’s covered expenses based on the coinsurance level specified by the plan.*
- This plan includes a combined Medical/Pharmacy plan deductible.

Important features:

- Option to choose a primary care provider to help guide your care. It’s recommended, but not required.
- No referral is needed to see a specialist, although prior authorization may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour coverage for emergency care, in- or out-of-network.
- No claim paperwork necessary when you receive care in-network.

- You may enroll in a dependent care flexible spending account (FSA).
- You may not enroll in the medical FSA, if enrolling in this plan.

Save money to pay for some of your health expenses

You and your employer may contribute to your HSA up to the current federal limit. The federal limits are \$3,600 for an Individual and \$7,200 for Family in 2021. Employees who are age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year. Your deductible plan with an HSA combines a high-deductible health plan with a compatible tax-advantaged HSA. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan, such as dental, vision and over-the counter costs.

Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary. You can view highlights of these plans on pages 10–13.

* If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

Pay period deductions effective January 1, 2021

	COUNTY GOVERNMENT		BOARD OF EDUCATION		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$40.00	\$18.46	\$24.00	\$21.82	\$20.00
Employee + 1	\$187.34	\$86.46	\$112.40	\$102.19	\$93.67
Family	\$304.92	\$140.73	\$182.95	\$166.32	\$152.46
Spousal Employee + 1	\$287.34	\$132.62	\$172.40	\$156.73	\$143.67
Spousal Family	\$404.92	\$186.89	\$242.95	\$220.87	\$202.46

* Classified Employees only. ** All Educators and 12-month Classified. Per pay deductions are based on the monthly cost and the number of pay periods in a 12-month period.

Review your plan options

Option 1

Option 2

	OAP Deductible Plan		OAP Deductible Plan with HSA	
MEDICAL PLAN HIGHLIGHTS				
	Employee	Family	Employee	Family
Medical deductible				
In-network	\$700	\$1,750	\$1,400	\$2,800
Out-of-network	\$1,750	\$4,375	\$2,800	\$5,600
Out-of-pocket maximum				
In-network*	\$2,850	\$5,700	\$2,800	\$5,600
Out-of-network	Unlimited	Unlimited	\$5,600	\$11,200
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000

PRESCRIPTION MEDICATION HIGHLIGHTS

Participants must use Cigna in-network pharmacies; there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
Pharmacy deductible	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
Generic	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
Preferred brand	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
Out-of-pocket maximum	\$4,000 Individual \$8,000 Family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Preventive drugs at no additional cost for generic: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

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OFFICE/ROUTINE CARE - WHAT YOU WILL PAY. IF A DEDUCTIBLE APPLIES, IT WILL BE NOTED.				
	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care**	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Office visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Specialist visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Prenatal care	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Chiropractic	10% after deductible, limit 10 days/calendar year	50% after deductible, limit 10 days/calendar year	10% after deductible, limit 10 days/calendar year	50% after deductible, limit 10 days/calendar year
Physical, occupational and speech therapy	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Well-child care**	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Lab, x-ray, diagnostic tests	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Durable medical equipment	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Hospice care	10% after deductible	50% after deductible	10% after deductible	50% after deductible
HOSPITAL CARE - WHAT YOU'LL PAY ONCE YOU MEET YOUR DEDUCTIBLE				
Inpatient hospitalization	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient surgery	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Emergency room	\$155 per visit (copay waived if admitted) then 10% after deductible	\$155 per visit (copay waived if admitted) then 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible
BEHAVIORAL HEALTH AND SUBSTANCE USE - WHAT YOU'LL PAY ONCE YOU MEET YOUR DEDUCTIBLE				
Inpatient (Unlimited day maximum)	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient	10% after deductible	50% after deductible	10% after deductible	50% after deductible