

**Hardin County Schools Group Insurance Consortium**

	1		2		3	
	2018 H.S.A.		2019 H.S.A.		Minimum Value Plan	
<b>Medical Benefits</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Non-Network</b>
1 Calendar Year Deductible, single/family	\$2,700 / \$5,400	\$5,400 / \$10,800	\$2,700 / \$5,400	\$5,400 / \$10,800	\$5,000 / \$10,000	\$10,000 / \$20,000
2 Co-Insurance Percentage	100%	80%	80%	60%	80%	60%
3 Co-Insurance Maximum Out-of-Pocket, single/family	\$1,000 / \$2,000	\$1,000/ \$2,000	\$1,000 / \$2,000	\$1,000/ \$2,000	\$1,600 / \$3,200	\$3,200 / \$6,400
4 Calendar Year Maximum Out-of-Pocket, single/family (includes Deductibles, Coinsurance & Copayments)	\$3,700 / \$7,400	Unlimited	\$3,700 / \$7,400	Unlimited	\$6,600 / \$13,200	\$13,200 / \$26,400
5 Office Visit Co-Pay						
6 general practitioner	100% after ded	80% after ded	80% after ded	60% after ded	80% after ded	60% after ded
7 specialist	100% after ded	80% after ded	80% after ded	60% after ded	80% after ded	60% after ded
8 Urgent Care Visit Co-Pay	100% after ded	80% after ded	80% after ded	60% after ded	80% after ded	60% after ded
9 Emergency Room Visit Co-Pay, life-threatening	100% after ded	80% after ded	80% after ded	60% after ded	80% after ded	60% after ded
10 Emergency Room Visit Co-Pay, non life-threatening	100% after ded	80% after ded	80% after ded	60% after ded	80% after ded	60% after ded
11 Wellness						
12 Routine Physical Exam		100%		100%		100%
13 Well Child Care - 31 visits		100%		100%		100%
14 Routine Mammogram, one per benefit period		100%		100%		100%
15 Routine Pap Test, one per benefit period		100%		100%		100%
16 Routine Endoscopic Services, age 50 and over		100%		100%		100%
17 Routine Colon Cancer Screening, age 50 and over		100%		100%		100%
18						
19						
20						
21 <b>Prescription Benefits - Network</b>	<b>Co-Pay</b>	<b>Day Supply</b>	<b>Co-Pay</b>	<b>Day Supply</b>		<b>Day Supply</b>
22 Retail						
23 Generic	\$15	34	80% after Ded	34	80% after ded	34
24 Formulary	\$30	34	80% after Ded	34	80% after ded	34
25 Non-Formulary	\$45	34	80% after Ded	34	80% after ded	34
26 Mail-Order						
27 Generic	\$30	90	80% after Ded	90	80% after ded	90
28 Formulary	\$60	90	80% after Ded	90	80% after ded	90
29 Non-Formulary	\$90	90	80% after Ded	90	80% after ded	90

1. The 2018 H.S.A. medical and drug costs are subject to the Calendar Year Deductible. The 2019 H.S.A. medical & drug costs are subject to both the Calendar Year Deductible and Co-Insurance.
2. The 2018 H.S.A. drug co-pays are applicable after the Calendar Year Deductible has been met (line 1) and then subject to the Calendar Year Maximum Out-of-Pocket (line 4). After the Calendar Year Maximum Out-of-Pocket has been met, drug benefits are not subject to the co-pay and payable at 100%.
3. This spreadsheet is an abbreviated benefit summary. A detailed summary is found in Medical Mutual's Benefit Booklets.