



Insurance Snap-Shot

Insurance Snap-Shot	Blue Cross Blue Shield		
	\$0 PPO	\$500 CMM	\$1750 CMM VEBA
Network	Open Access	Open Access	Open Access
	In-Network	In-Network	In-Network
Plan Year Deductible			
Employee Only	\$0.00	\$500.00	\$1,750.00
Employee + 1	\$0.00	\$1,000.00	\$3,500.00
Family	\$0.00	\$1,000.00	\$3,500.00
HRA Contributions			
Employee Only	\$0.00	\$0.00	\$1,000.00
Employee + 1	\$0.00	\$0.00	\$1,000.00
Family	\$0.00	\$0.00	\$1,000.00
Out Of Pocket Maximum			
Employee Only	\$750.00	\$750.00	\$3,000.00
Employee + 1	\$1,500.00	\$1,500.00	\$6,000.00
Family	\$1,500.00	\$1,500.00	\$6,000.00
Hospital Services			
Inpatient Hospital	100%	Deductible, 80%	Deductible, 80%
Outpatient Hospital	100%	Deductible, 80%	Deductible, 80%
Emergency Room	\$40 Copay	Deductible, 80%	Deductible, 80%
Ambulance	100%	Deductible, 80%	Deductible, 80%
Urgent Care	\$20 Copay	Deductible, 80%	Deductible, 80%
Routine Services			
Office Visit	\$20 Copay	Deductible, 80%	Deductible, 80%
Convenience Care/Retail Clinics	100%	Deductible, 80%	Deductible, 80%
Preventive Care	100%	100%	100%
Prescription Drugs	\$300/\$500 OOP Max	\$300/\$500 OOP Max	\$0
Generic	\$15 Copay	\$15 Copay	\$20 Copay
Preferred/Formulary Brand	\$25 Copay	\$25 Copay	\$35 Copay
Non-Preferred/Non-Formulary Brand	\$40 Copay	\$40 Copay	\$50 Copay
Specialty	Refer to prescription drug cost sharing above	Refer to prescription drug cost sharing above	Refer to prescription drug cost sharing above

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