Central Lyon Community School Medical Plan Options



Option 2	Renewal Date:	July 1, 2020					
Deductible	Network	Option 1 Wellmark BCBS of IA Alliance Select		Wellmark BCBS of IA Alliance Select		Wellmark BCBS of IA Alliance Select	
Deductible	Effective Date	. ,		. ,			
Family		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Out of Pocket Maximum Individual \$2,500 \$10,000 \$4,000 \$8,000 \$6,000 \$12,000 \$24,000 \$26,000 \$24,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$2	Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000
Out of Pocket Maximum Individual \$2,500 \$10,000 \$4,000 \$8,000 \$6,000 \$12,000 \$24,000 \$26,000 \$24,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$26,000 \$2	Family	\$2,000	\$6,000	\$4,000	\$8,000	\$10,000	\$20,000
Family	Out of Pocket Maximum		• •	, ,		. ,	. ,
Coinsurance (Member Pays) 20% 40% 20% 40% Office Visit / Services Primary Care Physician \$35 Deductible then Coinsurance \$35 Deductible then Coinsurance \$35 Deductible then Coinsurance Specialist \$70 Deductible then Coinsurance \$70 Deductible then Coinsurance \$70 Deductible then Coinsurance Telehealth \$35 NA \$35 NA \$35 NA Preventive Care 100% Deductible then Coinsurance 100% Deductible then Coinsurance 100% Deductible then Coinsurance Chiropractic \$35 Deductible then Coinsurance \$35 Deductible then Coinsurance \$35 Deductible then Coinsurance Emergency Room \$300 In-Network Benefits Apply \$300 In-Network Benefits Sa00 \$35 Deductible then Coinsurance \$35 Deductible then Coinsurance \$30 In-Network Benefits Sa00 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$36 In-Network Benefits \$300 In-Network Ben	Individual	\$2,500	\$10,000	\$4,000	\$8,000	\$6,000	\$12,000
Office Visit / Services Primary Care Physician \$35 Deductible then Coinsurance Deductible then Coinsurance \$35 Deductible then Coinsurance Deductible then Coinsurance \$35 Deductible then Coinsurance Deductible then Coinsurance \$35 Deductible then Coinsurance \$35 NA Preventive Care \$35 NA \$35 NA \$35 NA \$35 NA Preventive Care \$300 Deductible then Coinsurance \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35<	Family	\$5,000	\$10,000	\$8,000	\$16,000	\$12,000	\$24,000
Primary Care Physician \$35	Coinsurance (Member Pays)	20%	40%	20%	40%	20%	40%
Specialist Specia	Office Visit / Services						
Specialist \$70	Primary Care Physician	ĆΣΕ	Deductible then	¢2E	Deductible then	ĆZE	Deductible then
Telehealth \$35 NA \$35 N		ن ووډ	Coinsurance	, , ,	Coinsurance	ې څون	Coinsurance
Telehealth \$35 NA \$35 N	Specialist	\$70	Deductible then		Deductible then	·	Deductible then
Preventive Care 100% Deductible then Coinsurance Chiropractic S35 Deductible then Coinsurance S35 Deductible then Deductible then Coinsurance Deductible then Deductible then Coinsurance Deductible then Deductible then Coinsurance Deductible then Coinsurance Deductible then Deductible then Coinsurance Deductible then Coinsurance Deductible then Deductible then Coinsurance Deductible then Coinsurance Deductible then S35/Deductible then Deductible then Coinsurance Deductible then Coinsurance Deductible then S35/Deductible then Deductible then Coinsurance Deductible then S35/Deductible then Deductible then Coinsurance Deductible then Deductible S35/Deductible then S35/Deductible then S35/Deductible then Coinsurance Deductible then Deductible S35/Deductible then S35/Deductible S35		·					
Chiropractic S35 Deductible then Coinsurance Emergency Room S30 In-Network Benefits Apply Apply Urgent Care Outpatient Services Office visit / Services Office visit / Services Office visit / Services Prescription Drug Benefit Retail 30-day supply Tier I S35 Deductible then Coinsurance Deductible then Coinsurance S35 Deductible then S35 Deductible then Coinsurance S35 Deductible then Coinsurance S36 Deductible then Coinsurance S37 Deductible then Deductible then Deductible then Coinsurance Coin	Telehealth	\$35	.,,,	\$35		\$35	
Chiropractic Chiropractic Chiropractic S35 Deductible then Coinsurance In-Network Benefits Apply	Preventive Care	100%	Deductible then	100%	Deductible then	100%	Deductible then
Emergency Room S35 Coinsurance Fine Percent Care Office visit / Services Office visit / Services Prescription Drug Benefit Retail Tier II S35 Coinsurance S35 Coinsurance S35 Coinsurance S36 Coinsurance S37 Coinsurance S38 Coinsurance S38 Coinsurance S39 In-Network Benefits Apply S300 In-Network Benefits Apply S300 Apply S300 Apply S300 Apply S300 In-Network Benefits Apply Apply Apply Apply S300 Apply Apply Apply Apply Apply S300 Apply Appl							
Emergency Room \$300 In-Network Benefits \$300 Apply Apply \$300 Apply Ap	Chiropractic	\$35		\$35		\$35	
\$300 Apply		, , , ,					
Urgent Care \$35 \$3	Emergency Room	\$300		·		·	
Mental Health / Substance Abuse Inpatient Services Deductible then Coinsurance		425					
Deductible then Deductible then Coinsurance Coinsu	3	\$35	\$35	\$35	\$35	\$35	\$35
Coinsurance Sandy Supply 30-day supply Suppl		Dodustible then	Dodustible then	Dodustible then	Dodustible then	Dodustible then	Dodustible then
Outpatient Services Office visit / Services System	inpatient Services						
Office visit / Services\$35/Deductible then CoinsuranceDeductible then Coinsurance\$35/Deductible then CoinsuranceDeductible then Coinsurance\$100 Single / \$200 Family Deductible30-day supply30-day supply30-day supplyTier II\$40Not Covered\$40Not Covered\$40Not Covered\$40Not Covered\$50% CoinsuranceNot Covered\$50% CoinsuranceNot Covered50% CoinsuranceNot Covered\$50% CoinsuranceNot Covered	Outnotiont Comicos	Coinsurance	Coinsurance	Comsurance	Comsurance	Coinsurance	Coinsurance
Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Prescription Drug Benefit Retail 30-day supply 30-day supply 30-day supply Tier I \$12 Not Covered \$12 Not Covered \$12 Not Covered Tier II \$40 Not Covered \$40 Not Covered \$40 Not Covered Tier III \$70 Not Covered \$70 Not Covered Specialty - CVS Pharmacy 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered	•	\$35/Deductible then	Deductible then	\$35/Deductible then	Deductible then	\$35/Deductible then	Deductible then
Prescription Drug Benefit Retail 30-day supply 30-day supply 30-day supply Tier I \$12 Not Covered \$12 Not Covered Tier II \$40 Not Covered \$40 Not Covered Tier III \$70 Not Covered \$70 Not Covered Specialty - CVS Pharmacy Solution Soluti	Office visit / Services	' '				' '	
Retail 30-day supply 30-day supply 30-day supply Tier I \$12 Not Covered \$12 Not Covered \$12 Not Covered Tier II \$40 Not Covered \$40 Not Covered \$40 Not Covered Tier III \$70 Not Covered \$70 Not Covered Specialty - CVS Pharmacy 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered 50% Coinsurance Not Covered	Prescription Drug Benefit	Comsurance	Comsulance	Comsulance	Comsulance		
Tier I \$12 Not Covered \$12 Not		30-day supply		30-day supply			
Tier II \$40 Not Covered \$40 Not Covered \$40 Not Covered \$40 Not Covered \$70 No							
Tier III \$70 Not Covered \$70 N		· ·		'		·	
Specialty - CVS Pharmacy 50% Coinsurance Not Covered 50% Coinsurance Not Covered Not Cove		· ·		•		'	
50% Coinsurance Not Covered 50% Coinsurance Not Covered Deductible then 50% Not Covered		, -				, -	
		50% Coinsurance	Not Covered	50% Coinsurance	Not Covered		Not Covered

NOTE: Please refer to your Summary of Benefits and Coverage documents for more details on the plan designs.

Health Insurance Benefit Selection

I select the following Health Plan Option:					
Option #1: (\$1,000/\$2,000 Plan) Single	Employee/Child(ren)	Employee/Spouse	Family		
Option #2: (\$2,000/\$4,000 Plan) Single	Employee/Child(ren)	Employee/Spouse	Family		
Option #3: (\$5,000/\$10,000 Plan) Single	Employee/Child(ren)	Employee/Spouse	Family		
I elect to waive health insurance at this time.					
Name:	Signature:			_ Date:	
(Please Print)					