

Raytown School District

Effective January 1, 2022

MEDICAL	Current - CO	
Plan Name	079 086 Rx 416	
Network Name	LPPO	
Plan Type	<i>In Network</i>	<i>Out-of-Network Network</i>
Calendar Year Deductible		
<i>Individual</i>	None	None
<i>Family</i>	None	None
Coinsurance (member pays)	20%	50%
Maximum Out-of-Pocket		
<i>Individual</i>	\$4,500	\$6,700 combined in-network and out-of-network
<i>Family</i>	per person	per person
Physician Office Visits		
<i>Primary Care Visits</i>	\$0	\$65 copay
<i>Specialist Visits</i>	\$35 copay	\$65 copay
<i>Urgent Care</i>	\$15 copay	\$65 copay
Hospital Services		
<i>Inpatient Care - Facility</i>	\$250 copay/day days 1-5	\$290 copay/day days 1-5
<i>Outpatient Surgery</i>	\$250 copay	50%
<i>Skilled Nursing Facility</i>	\$0 for days 1-20; \$160 copay for days 21-100	\$250 for days 1-58; \$XX copay for days 21-100
<i>Diagnostic Lab</i>	\$0	30%
<i>Diagnostic Radiology</i>	\$150 copay	50%
<i>Emergency Room</i>	\$90 copay	\$90 copay
<i>Ambulance</i>	\$240 copay	\$240 copay
Prescription Drugs		
<i>Deductible</i>	Retail - 30 day Does Not Apply	Mail Order - 90 day Does Not Apply
<i>Phase 1</i>	\$2 / 100% / 100% / 100%	\$6 / 100% / 100% / N/A
<i>Phase 2</i>	\$2 / \$47 / \$100 / 29%	\$6 / \$141 / \$300 / N/A
<i>Phase 3 Coverage Gap Stage</i>	25% through the Donut Hole/Coverage Gap	
<i>Phase 4 Catastrophic Coverage</i>	After yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy and mail order) reach \$6,550, pay the greater of: \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; or 5% coinsurance	
MONTHLY COST	Current	
Cost:	\$54.00	

UHC Options with no coverage through the Donut Hole - Member would pay 25% of the drug through the coverage gap

Note: This is only a summary. Please refer to the booklet/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.