

**Central Rivers Area Education Agency
Medical Plan Designs**

2024-25 Medical Plan Design Options

	\$1,500 Deductible - Alliance Select EMBEDDED - Individual deductible		\$2,500 Deductible - Alliance Select EMBEDDED - Individual deductible		\$3,500 Deductible - HDHP (HSA) EMBEDDED - Individual deductible
	Alliance Select - PPO		Alliance Select - PPO		Alliance Select - PPO
	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>	<u>In and Out of Network Combined</u>
Network					
Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000
Coinsurance	20%	40%	20%	40%	0%
Office Visit Copay	\$20	Ded/Coins	\$30	Ded/Coins	Deductible
Specialist Copay	\$35	Ded/Coins	\$60	Ded/Coins	Deductible
Out of Pocket Maximum	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$3,500 / \$7,000
Rx Copays	\$10 / \$30 / \$50		\$10 / \$40 / \$100		Deductible
Specialty Copay***	\$40 / \$85 / \$170		\$50 / \$100 / \$170		Deductible
Rx Out of Pocket Maximum	\$2,600 / \$5,200		\$2,600 / \$5,200		Combined with Medical OPM
Total Monthly Premium Rates					
Single	\$1,010.00		\$900.00		\$800.00
Family	\$2,390.00		\$2,135.00		\$1,885.00
Monthly Agency Contribution**	\$900.00		\$900.00		\$800.00 (\$100 HSA Contribution)*
Monthly Employee Premium Payment**					
Single	\$110.00		\$0.00		\$0.00
Family	\$1,490.00		\$1,235.00		\$1,085.00

*Age 65 or older: You must be actively employed throughout the plan year (July 1 - June 30) and NOT be enrolled in Medicare A, B, or D to receive the agency HSA contribution.

**Agency contributions are pro-rated for employees less than 1.0 full-time equivalent (FTE)

*****New for 7/1/22:** The \$1,500 and \$2,500 Deductible plans have added a lower specialty Rx copay for biosimilars and generic specialty medications.

4/23/2024