

# Compare medical plans

The chart below compares key coverage features and costs of Adel-DeSoto-Minburn CSD's 2024 – 2025 medical plan options.

Plan / Wellmark Provider Network	HMO / HMO		POS 750 / POS		Copay 1250 / PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Deductible - Calendar year</b>						
Per person / per family	NA	Not Covered	\$750 / \$1,500		\$1,250 / \$2,500	
Coinsurance %	10%	Not Covered	10%	20%	20%	30%
<b>Out-of-pocket maximum - Calendar year</b>						
Per person / per family	\$750 / \$1,500	Not Covered	\$1,500 / \$3,000		\$2,500 / \$5,000	
<b>Medical coverage</b>						
PPO Office PCP Visit / HMO/POS Designated PCP Office Visit <sup>A</sup>	\$5	Not Covered	\$10	Deductible, than coinsurance	\$10	Deductible, than coinsurance
HMO/POS PCP Office Visit <sup>AA</sup>	\$10		\$15		NA	
PPO Non-PCP Office Visit / HMO/POS Non-PCP Office Visit <sup>AAA</sup>	\$10		\$30		\$10	
Telemedicine	\$10		\$15			
Behavioral Health Office Visit*	\$10		\$15			
Preventive care - Adult and Well-Child	Covered in Full		Covered in Full		Covered in Full	
Outpatient services	Deductible, than coinsurance		Deductible, than coinsurance		Deductible, than coinsurance	
Inpatient hospital						
Emergency room	\$50 copay					
Labs and X-rays	Deductible, than coinsurance		Not Covered			
Designate a Primary Care Provider (PCP)	Required		Required		NA	
<b>Retail prescription drugs (30-day supply)</b>						
Prescription Deductible (Per person / per family)	NA		NA		NA	
Tier 1	\$5		\$8		\$10	
Tier 2	\$10		\$35		\$20	
Tier 3	\$10		\$50		\$30	
Specialty - Generic and Biosimilar / Preferred / Non-Preferred	\$50 / \$85 / \$100	Not Covered	\$50 / \$85 / \$100	Not Covered	\$50 / \$85 / \$100	Not Covered
Prescription Out-Of-Pocket Maximum (Per person / per family)	\$1,500 / \$3,000		\$1,500 / \$3,000		\$500 / \$1,000	
<b>Mail-order prescription drugs (90-day supply) Maintenance Drugs</b>						
Tier 1	\$10	Not Covered	\$16	Not Covered	\$20	Not Covered
Tier 2	\$20		\$70		\$40	
Tier 3	\$20		\$100		\$60	

Deductible is waived for non-HDHP plans for office and telemedicine visits with a network provider.

### HMO and POS Plans:

<sup>A</sup>Office visit copay for your Designated Network PCP.

<sup>AA</sup>Office visit copay for any other Network PCP office visit.

<sup>AAA</sup>Office visit copay for Network non-PCP.

Primary Care Practitioner (PCP) is defined as General Practice, Family Practice, Internal Medicine, Obstetrics/gynecology, Pediatricians, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants.

Chiropractors, Speech Pathologists, Physical Therapists, Occupational Therapists and Mental Health/Chemical Dependency office copay amount is the same as the office PCP amount.

All other providers are Non-Primary Care Practitioners (Non-PCP).

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.

### Money-saving tips

To stretch your health care dollars, remember to:

- **See in-network providers** – They've agreed to the plan's negotiated rates. Visit your plan website to search for in-network providers near you.
- **Use the mail-order pharmacy** – It will save you time and money when refilling long-term prescriptions.