

Insurance plan Frequently Asked Questions
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Q: What would my rebate be on each of the plans?

A: Following is an illustration of what your rebate would be on each of the plans offered by the district, using the 2009-10 rates. The illustration also shows the rebate after the out-of-pocket maximum is subtracted out.

Plan 1 Option

Cost		<u>\$812.59</u>
Rebate in Check		<u>\$177.96</u>
Multiplied by	x	
# Months		<u>12</u>
Equals	=	
Rebate Yr		<u>\$2135.52</u>
Minus	-	
OOP Max		<u>\$500</u>
Equals	=	
Rebate/(Cost)		<u>\$1635.52</u>

Plan 2 Option

Cost		<u>\$544.33</u>
Rebate in Check		<u>\$412.66</u>
Multiplied by	x	
# Months		<u>12</u>
Equals	=	
Rebate Yr		<u>\$4951.92</u>
Minus	-	
OOP Max		<u>\$1000</u>
Equals	=	
Rebate/(Cost)		<u>\$3951.92</u>

Plan 3 Option

Cost		<u>\$492.52</u>
Rebate in Check		<u>\$457.98</u>
Multiplied by	x	
# Months		<u>12</u>
Equals	=	
Rebate Yr		<u>\$5495.76</u>
Minus	-	
OOP Max		<u>\$2000</u>
Equals	=	
Rebate/(Cost)		<u>\$3495.76</u>

Plan 4 Option

Cost		<u>\$462.11</u>
Rebate in Check		<u>\$484.58</u>
Multiplied by	x	
# Months		<u>12</u>
Equals	=	
Rebate Yr		<u>\$5814.96</u>
Minus	-	
OOP Max		<u>\$2500</u>
Equals	=	
Rebate/(Cost)		<u>\$3314.96</u>

Q: How does the out-of-pocket maximum affect me?

A: The out-of-pocket maximum is the max amount that you would have to spend in a year for health care expenses covered by insurance and is made up of your deductible and co-insurance amounts. Once you have reached your out-of-pocket maximum, then the plan will pay 100% for additional covered services. Co-insurance is the percentage of certain services that you are responsible for paying up to your out-of-pocket maximum. You will still have to pay your co-pays for office visits and for prescription drugs regardless of which plan you choose. For Plan 1 the amount is \$500, for Plan 2 the amount is \$1000, for Plan 3 the amount is \$2000 and for Plan 4 the amount is \$2500. On average, the majority of people usually do not ever reach their maximum.

Q: Will I have to meet my deductible twice if I switch plans?

A: Deductibles run on a calendar year (January through December) and our plan year follows our fiscal year (July through June). If you switch to a plan that has a deductible from a plan that either does not have a deductible or has a lower deductible, then the full deductible would apply from July through December and will then start over again in January.

Q: I have a lot of prescriptions and I am afraid that the cost for my prescriptions would be very expensive if I move plans. How can I find out what my prescription drug costs would be if I changed to a different plan?

A: The insurance company has a prescription drug list that categorizes drugs as either Tier 1, 2, or 3 drugs. The tiers remain the same regardless of which plan you are on. Here are some examples of what a drug will cost you on each plan if you went to a retail pharmacy:

- Coumadin 1mg (Tier 2): Plan 1 \$10, Plan 2 \$20, Plan 3 and 4 \$30
- Lipitor 10mg (Tier 2): Plan 1 \$10, Plan 2 \$20, Plan 3 and 4 \$30
- Amoxicillin 250mg (Tier 1): \$10 on all plans
- Zomig 2.5mg (Tier 3): Plan 1 \$10, Plan 2 \$30, Plan 3 and 4 \$55

Our Benefits Specialist can go over the drug list with you to find out where your prescriptions fall and what you can expect to pay each month on the different plans.

Q: Is it true that you have to pay your deductible up front before any services are covered?

A: For a routine physical, illness, preventative care, or routine exam, you pay your co-pay and the remaining bill is paid by the insurance company. Your co-pay does not apply toward your deductible. If you have a major hospital service (such as surgery, hospitalization, MRI, etc.) then your deductible would have to be met before the plan covered any portion of the hospital bill. Once the deductible is met, then the insurance company will pay the remaining 90% of the bill with a co-insurance of 10% owed by you.

Q: Are the co-pays to see my doctor different depending on which plan I am on?

A: The co-pays do vary depending on which plan you choose. For Plan 1 you will pay \$10 for either a regular doctor or specialist. For Plan 2 you will pay \$15 for a regular doctor and \$30 for a specialist. For Plans 3 and 4 you will pay \$20 for a regular doctor and \$40 for a specialist.

Q: What will my deductible be if I change from Plan 1 to one of the other plans?

A: On Plan 2 your deductible will be \$300. On Plan 3 your deductible will be \$600. On Plan 4 your deductible will be \$1200.

