

PLATTE COUNTY R3 SCHOOLS AETNA OPTIONS 7/1/2023-24

<i>Plans</i>	<i>Base Plan 1</i>	<i>Base Plan 2, HDHP Option</i>	<i>Buy Up Plan 3</i>	<i>Buy Up Plan 4</i>
Aetna Network	KC Care Network Plus Open Access (Narrow)	KC Care Network Plus Open Access (Narrow)	KC Care Network Plus Open Access (Narrow)	Open Choice (Wide)
Deductible In-Network (indiv / family)	2,200/6,600	3,000/6,000	1,650/4,950	2,200/6,600
Coinsurance (In / Out Network)	70%/50%	70%/50%	70%/50%	70%/50%
In-Network Out-of-Pocket Max (indiv / family)	5,850/15,800	4,000/8,000	4,700/14,100	5,850/15,800
Preventative Care *	Covered 100%*	Covered at 100%*	Covered 100%*	Covered 100%*
In-Network Primary Care Physician Copay	35	Deductible & Coinsurance	30	35
In-Network Specialist Copay	70	Deductible & Coinsurance	60	70
In-Network Inpatient/Outpatient Hospital	Deductible & 30%	Deductible & Coinsurance	Deductible & 30%	Deductible & 30%
In-Network Outpatient Mental Illness Clinic Copay	35	Deductible & Coinsurance	30	35
In Network Physical/Occupational Clinic Copay	35	Deductible & Coinsurance	30	35
In Network Urgent Care Copay	70	Deductible & Coinsurance	60	70
ER Copay	250 + Coinsurance	Deductible & Coinsurance	250 + Coinsurance	250 + Coinsurance
Prescription Drugs @ Retail Tiers 1-4 Copays	15/50/70/150	Deductible, then 15/40/60/120	15/40/60/120	15/50/70/150
Mail Order Copays Tiers 1-3 (3 month supply)	37.50/125/175	Deductible, then 37.50/100/150 Deductible is Waived for Preventative Medicines	37.50/100/150	37.50/125/175

* Subject to normal quantity limits found in plan summary

Monthly Premiums				
<i>Base Plan 1</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	666	666	0	N/A
Employee + Spouse	1,361	666	695	N/A
Employee + Children	1,259	666	593	N/A
Family	1,982	666	1,316	N/A
<i>Base Plan 2 High Deductible Health Plan</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	608	608	0	58
Employee + Spouse	1,242	608	634	58
Employee + Children	1,149	608	541	58
Family	1,808	608	1,200	58
<i>Buy Up Plan 3</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	775	666	109	N/A
Employee + Spouse	1,555	666	889	N/A
Employee + Children	1,441	666	775	N/A
Family	2,263	666	1,597	N/A
<i>Buy Up Plan 4</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	815	666	149	N/A
Employee + Spouse	1,647	666	981	N/A
Employee + Children	1,525	666	859	N/A
Family	2,396	666	1,730	N/A