

Milan Area Schools – HRA plan

Administered by: American Fidelity Assurance

Class I – Administrators, Central Office, Directors, Coordinators

Disclaimer: The employee (through payroll deductions) will contribute 20% of the illustrative rate towards health care. In the event that the 20% does not meet the state’s “hard cap guidelines”, the District shall pay no more of the annual costs of health benefits according to the state’s “hard cap guidelines”.

Total Plan Deductible: **IN-Network** - \$5,000 single; \$10,000 2 person or family.
OUT-Network - \$10,000 single; \$20,000 2 person or family.

Employee Deductible: **IN-Network** - \$0 single; \$0 2 person or family.
Plan deductible paid at 100% by Milan Area Schools except for certain benefits that the Employee will owe 10% copayment to maximum out-of-pocket co pay of \$1,000 single \$2,000 2 person or family per calendar year.

OUT-Network - \$250 single; \$500 2 person or family. Then employee pays 40% co pay to a maximum out-of-pocket co pay of \$2,000 single; \$4,000 2 person or family per calendar year.

Office Visit Co pays - \$40 per visit of which \$20 will be reimbursed.

ER Visit Co pays - \$250 per visit of which \$200 will be reimbursed.

Preventative Services - IN-Network - covered at 100%.

OUT-Network - not covered

Prescription Drug Program - Generic - \$10 co pay

Brand Name - \$60 co pay (Brand Name is reimbursed back to \$10)

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Class II –Teachers

Disclaimer: The employee (through payroll deductions) will contribute 30% of the illustrative rate towards health care. In the event that the 30% does not meet the state’s “hard cap guidelines”, the District shall pay no more of the annual costs of health benefits according to the state’s “hard cap guidelines”.

Total Plan Deductible: **IN-Network** - \$5,000 single; \$10,000 2 person or family.
OUT-Network - \$10,000 single; \$20,000 2 person or family.

Employee Deductible: **IN-Network** - \$0 single; \$0 2 person or family.
Plan deductible paid at 100% by Milan Area Schools except for certain benefits that the Employee will owe 10% copayment to maximum out-of-pocket co pay of \$1,000 single \$2,000 2 person or family per calendar year.

OUT-Network - \$250 single; \$500 2 person or family. Then employee pays 40% co pay to a maximum out-of-pocket co pay of \$2,000 single; \$4,000 2 person or family per calendar year.

Office Visit Co pays - \$40 per visit of which \$20 will be reimbursed.

ER Visit Co pays - \$250 per visit of which \$200 will be reimbursed.

Preventative Services - IN-Network - covered at 100%.

OUT-Network - not covered

Prescription Drug Program - Generic - \$10 co pay

Brand Name - \$60 co pay (Brand Name is reimbursed back to \$10)

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Class III - Secretaries

Disclaimer: The employee (through payroll deductions) will contribute 20% of the illustrative rate towards health care. In the event that the 20% does not meet the state's "hard cap guidelines", the District shall pay no more of the annual costs of health benefits according to the state's "hard cap guidelines".

Total Plan Deductible: **IN-Network** - \$5,000 single; \$10,000 2 person or family.
OUT-Network - \$10,000 single; \$20,000 2 person or family.

Employee Deductible: **IN-Network** - \$50 single; \$100 2 person or family.

Plan deductible paid at 100% by Milan Area Schools except for certain benefits that the Employee will owe the above deductible and 20% copayment to maximum out-of-pocket co pay of \$1,000 single \$2,000 2 person or family per calendar year.

OUT-Network - \$250 single; \$500 2 person or family. Then employee pays 40% co pay to a maximum out-of-pocket co pay of \$2,000 single; \$4,000 2 person or family per calendar year.

Office Visit Co pays - \$40 per visit of which \$20 will be reimbursed.

ER Visit Co pays - \$250 per visit of which \$200 will be reimbursed.

Preventative Services - IN-Network - covered at 100%.

OUT-Network - not covered

Prescription Drug Program – Self Insured – 80% co-pay after deductible

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Class IV – Custodians & Maintenance

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Total Plan Deductible: **IN-Network** - \$5,000 single; \$10,000 2 person or family.
OUT-Network - \$10,000 single; \$20,000 2 person or family.

Employee Deductible: **IN-Network** - \$0 single; \$0 2 person or family.

Plan deductible paid at 100% by Milan Area Schools except for certain benefits that the Employee will owe 10% copayment to maximum out-of-pocket co pay of \$1,000 single \$2,000 2 person or family per calendar year.

OUT-Network - \$250 single; \$500 2 person or family. Then employee pays 40% co pay to a maximum out-of-pocket co pay of \$2,000 single; \$4,000 2 person or family per calendar year.

Office Visit Co pays - \$40 per visit of which \$20 will be reimbursed.

ER Visit Co pays - \$250 per visit of which \$200 will be reimbursed.

Preventative Services - IN-Network - covered at 100%.

OUT-Network - not covered

Prescription Drug Program - Generic - \$10 co pay

Brand Name - \$60 co pay (Brand Name is reimbursed back to \$10)

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Class V - Transportation

Disclaimer: The employee (through payroll deductions) will contribute 20% of the illustrative rate towards health care. In the event that the 20% does not meet the state's "hard cap guidelines", the District shall pay no more of the annual costs of health benefits according to the state's "hard cap guidelines".

Total Plan Deductible: **IN-Network** - \$5,000 single; \$10,000 2 person or family.
OUT-Network - \$10,000 single; \$20,000 2 person or family.

Employee Deductible: **IN-Network** - \$50 single; \$100 2 person or family.

Plan deductible paid at 100% by Milan Area Schools except for certain benefits that the Employee will owe the above deductible and 20% copayment to maximum out-of-pocket co pay of \$1,000 single \$2,000 2 person or family per calendar year.

OUT-Network - \$250 single; \$500 2 person or family. Then employee pays 40% co pay to a maximum out-of-pocket co pay of \$2,000 single; \$4,000 2 person or family per calendar year.

Office Visit Co pays - \$40 per visit of which \$20 will be reimbursed.

ER Visit Co pays - \$250 per visit of which \$50 will be reimbursed.

Preventative Services - IN-Network - covered at 100%.

OUT-Network - not covered

Prescription Drug Program – Self Insured – 80% co-pay after deductible