

Medical Benefits

Administered by Medica

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through New Prague Area Schools.

New Prague Area Schools offers you a choice between three medical plans.

	Copay	\$750 Deductible	VEBA
Deductible	\$0 Single \$0 Family Per Calendar Year	\$750 Single \$1,250 Family Per Calendar Year	\$1,200 Single \$2,400 Family Per Plan Year
Medical Out-of-Pocket Maximum	\$500 Single \$1,000 Family	\$1,200 Single \$2,400 Family	\$1,200 Single \$2,400 Family
Coinsurance	You pay 0% after deductible	You pay 25% after deductible	You pay 0% after deductible
Doctor's Office			
Preventive Care	No Charge	No Charge	No Charge
Primary Care Visit	\$25 copay	Deductible then 25% coinsurance	Deductible then covered at 100%
Specialist Visit	\$25 copay	Deductible then 25% coinsurance	Deductible then covered at 100%
Urgent Care	\$25 copay	Deductible then 25% coinsurance	Deductible then covered at 100%
Diagnostic Testing (X-Ray, Blood Work)	Covered at 100%	Deductible then 25% coinsurance	Deductible then covered at 100%
Imaging (CT/PET Scans, MRIs)	Covered at 100%	Deductible then 25% coinsurance	Deductible then covered at 100%
Prescription Drugs			
Prescription Out-of-Pocket Maximum	\$5,000 Single \$10,000 Family	N/A	N/A
Retail—Formulary Generic Drugs (31-day supply)	\$15 Copay	\$25 copay	Deductible then covered at 100%
Retail—Formulary Brand Drugs (31-day supply)	\$30 Copay	\$50 copay	Deductible then covered at 100%
Retail—Non-Formulary Drugs (31-day supply)	\$75 Copay	\$100 copay	Deductible then covered at 100%
Preferred Specialty Drugs (31-day supply)	\$25 Copay	\$25 copay	Deductible then covered at 100%
Non-Preferred Specialty Drugs (31-day supply)	\$50 Copay	\$50 copay	Deductible then covered at 100%
Hospital Services			
Emergency Room	Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then covered at 100%
Inpatient	Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then covered at 100%
Outpatient Surgery	Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then covered at 100%
Out-of-Network			
Deductible	\$450 / \$1,350	\$750 / \$1,250	Combined with In-Network
Coinsurance Level	75% / 25%	55% / 45%	80% / 20%
Out-of-Pocket Maximum	\$3,250 / \$6,500	\$2,300 / \$4,600	\$3,500 / \$6,500

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Medical Benefit Plan Summary.