

Allen County Schools Health Plan January 1, 2025 Benefit Plans with April 3, 2025 Plan Changes due to House Bill 315



	Effective January 1, 2025				Effective April 3, 2025			
	MDHP		HDHP		MDHP		HDHP	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Dependent Age	26 - Removal End of Month		26 - Removal End of Month		26 - Removal End of Month		26 - Removal End of Month	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Benefit Period Deductible – Single/Family	\$1,250 / \$2,500	\$2,500 / \$5,000	\$3,300 / \$6,600	\$6,600 / \$13,200	\$1,250 / \$2,500	\$2,500 / \$5,000	\$3,300 / \$6,600	\$6,600 / \$13,200
	Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.	
Coinsurance - Amount Plan pays after Deductible or Copays, unless stated	75%	50%	90%	60%	75%	50%	90%	60%
Coinsurance Maximum – Single/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,600 / \$5,200	\$5,200 / \$10,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,600 / \$5,200	\$5,200 / \$10,400
	Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinsurance - On a family contract, no one family member will pay more than a single contract.	
Out-of-Pocket Maximum - Single/Family	\$4,250 / \$8,500	\$8,500 / \$17,000	\$5,900 / \$11,800	\$11,800 / \$23,600	\$4,250 / \$8,500	\$8,500 / \$17,000	\$5,900 / \$11,800	\$11,800 / \$23,600
	(Deductible + Coinsurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of \$9,200 / \$18,400 for Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinsurance + Medical & Rx copays) Embedded Out-of-Pocket. On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinsurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of \$9,200 / \$18,400 for 2025 Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinsurance + Medical & Rx copays) Embedded Out-of-Pocket. On a family contract, no one family member will pay more than a single contract.	
Services with Copays - flat dollar copays do accumulate toward the Out-of-Pocket Maximum.								
Office Visit – PCP (Illness/Injury)	\$25 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible	\$25 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible
Office Visit -Specialist (Illness/Injury)	\$50 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible	\$50 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible
Well Child Care Services (Under age 21)	100% No deductible	50% after deductible	100% No deductible	60%, after deductible	100% No deductible	50% after deductible	100% No deductible	60%, after deductible
Urgent Care Office Visit	\$60 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible	\$60 copay, then 100%. Includes most services performed during that visit.		90%, after deductible	60%, after deductible
Emergency use of an Emergency Room	\$150 copay, then 75% after deductible. Copay Waived if Admitted		Deductible, \$85 copay, then 90% Copay Waived if Admitted		\$150 copay, then 75% after deductible. Copay Waived if Admitted		Deductible, \$85 copay, then 90% Copay Waived if Admitted	
Non-Emergency use of an Emergency Room	\$300 copay, then 75% after deductible.		Deductible, \$200 copay, then 90%		\$300 copay, then 75% after deductible.		Deductible, \$200 copay, then 90%	
Inpatient and Outpatient Facility								
Semi-Private Room and Board	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Diagnostic Services (Labs, Imaging, X-rays and Testing)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Medical & Surgical Services (Anesthesia, Assist. Surgeon, Pathology, Theraputic Injections & Misc. Medical Services)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Surgical Services (Professional, Diagnostic Endoscopic Services)	\$25 copay then 75% Physician Office; 75% after deductible elsewhere	\$25 copay then 50% Physician Office; 50% after deductible elsewhere	90% after deductible	60% after deductible	\$25 copay then 75% Physician Office; 75% after deductible elsewhere	\$25 copay then 50% Physician Office; 50% after deductible elsewhere	90% after deductible	60% after deductible

	Effective January 1, 2025				Effective April 3, 2025			
	MDHP		HDHP		MDHP		HDHP	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Drug & Biologicals	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Durable Medical Equipment	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Medical Supplies	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Therapy (Physical, Occupational)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	\$25 copay, then 100%.		90% after deductible	60% after deductible
Therapy (Speech)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Additional Services								
Ambulance	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Chiropractic Services	50% - No deductible Does not apply to OOPM (26 visits per benefit period)	50% - No deductible Does not apply to OOPM (26 visits per benefit period)	90% after deductible (26 visits per benefit period)	60% after deductible (26 visits per benefit period)	\$25 copay, then 100%. (26 visits per benefit period)		90% after deductible (26 visits per benefit period)	60% after deductible (26 visits per benefit period)
Durable Medical Equipment	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Home Healthcare	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Hospice	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Allergy Testing	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Allergy Treatment	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity								
Inpatient Mental Health & Substance Abuse Services	Benefits paid based on corresponding medical benefits		Benefits paid based on corresponding medical benefits		Benefits paid based on corresponding medical benefits		Benefits paid based on corresponding medical benefits	
Outpatient Mental Health & Substance Abuse Services								
Bariatric Surgery	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Lasik	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs Express Scripts National Preferred Formulary Network	Copays apply after separate retail calendar year deductible (\$100/person, \$200/two people, \$300 family) has been met. Retail - 30 day supply Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: \$90 copay Mail Order - 90 day supply Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: \$180 copay Specialty Drugs - limited to a 30 day supply 20% with a maximum of \$125 Must obtain thru ESI Specialty Pharmacy		Copays apply after the calendar year deductible has been met. Retail - 30 day supply Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: \$90 copay Mail Order - 90 day supply Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: \$180 copay Specialty Drugs - limited to a 30 day supply 20% with a maximum of \$125 Must obtain thru ESI Specialty Pharmacy		Copays apply after separate retail calendar year deductible (\$100/person, \$200/two people, \$300 family) has been met. Retail - 30 day supply Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: \$90 copay Mail Order - 90 day supply Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: \$180 copay Specialty Drugs - limited to a 30 day supply 20% with a maximum of \$125 Must obtain thru ESI Specialty Pharmacy		Copays apply after the calendar year deductible has been met. Retail - 30 day supply Generic: \$20 copay Formulary Brand: \$45 copay Non-Formulary Brand: \$90 copay Mail Order - 90 day supply Generic: \$40 copay Formulary Brand: \$90 copay Non-Formulary Brand: \$180 copay Specialty Drugs - limited to a 30 day supply 20% with a maximum of \$125 Must obtain thru ESI Specialty Pharmacy	

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.