

Medical Plan Options 2020

KIPP
OHP/Central Division of OHI

In-Network Plan Options		
Current network: Aetna	PPO	HDHP
Preventive Care	Preventive services covered 100% for all plans	
Annual Deductible (Excludes copays)	\$750 /person \$2,000 /family	\$1,500 /person \$3,000 /family
Office Copay	\$25 for primary care \$50 for specialist	\$0 after deductible
Urgent Care	\$50 copay	\$0 after deductible
Emergency Room	\$250 copay (waived if admitted)	\$0 after deductible
Coinsurance	Ded, then 20%	Ded, then 20%
Annual Maximum Out-of-Pocket (Includes deductible, coinsurance and prescription copays)	\$3,500 /person \$7,000 /family	\$2,500 /person \$5,000 /family
Prescription Drugs	Deductible does not apply	After the deductible is reached
Up to 30-Day Retail Prescriptions	\$10 Generic	\$15 Generic
	\$35 Brand Formulary	\$30 Brand Formulary
	\$60 Brand Non-Formulary	\$60 Brand Non-Formulary
Up to 90-Day Maintenance Prescriptions	\$25 Generic	\$25 Generic
	\$87.50 Brand Formulary	\$87.50 Brand Formulary
	\$150 Brand Non-Formulary	\$150 Brand Non-Formulary