

Benefit Overview	Traditional PPO Health Plan	Standard High Deductible Health Plan	CHI High Deductible Health Plan
Annual Deductible In-network Individual (employee only) Family	\$900 \$1,800	\$3,600 \$7,200	\$3,100 \$6,200
Out-of-Pocket Max, including deductible In-network Individual Family	\$4,650 \$9,300	\$3,600 \$7,200	\$3,100 \$6,200
Co-insurance % In-network	Member coinsurance 20%	n/a	n/a
Co-pay for doctor/healthcare provider	\$100 Emergency Room	n/a	n/a
Prescriptions copay <i>*Additional prescription copays are detailed on the plan sign summaries</i>	Generic Retail \$10 Generic Mail \$25	The full cost of the drug is applied to the deductible. Out-of-pocket until deductible is met.	The full cost of the drug is applied to the deductible. Out-of-pocket until deductible is met.
Health Savings Account District Contribution Annual Amount	n/a	Single: \$1,100 Family: \$2,200	Single: \$1,100 Family: \$2,200
Premium Per Paycheck Vary by position, health plan choice and wellness incentive	http://hr.mpsomaha.org/home/benefits/premiums choose the appropriate pdf		