

Arlington Public Schools
 Medical/Rx Plans - Non-AEA
 Benefit Outline and Cost Summary

Renewal Choice 1

| Network Benefit Outline | HMO | PPO \$100 | PPO \$750 | PPO \$1,500 | QHDHP w/ HSA |
|-----------------------------------|----------------------|--|--|---|---|
| Carrier | Kaiser Permanente | Kaiser Permanente | Kaiser Permanente | Kaiser Permanente | Kaiser Permanente |
| Plan Type | Core HMO (RQ 112526) | Access PPO | Access PPO | Access PPO | Access QHDHP HSA |
| Deductible (In/Out) | \$200 (2x Family) | \$100/\$200 (3x Family) | \$750 (2x Family) | \$1,500 (3x Family) | \$1,500/\$3,000 (2x Family Agg.) |
| OOP Max incl. Deductible (In/Out) | \$2,000 (2x Family) | \$1,000/Unlimited (3x Family) | \$3,000 (2x Family) | \$4,000 (3x Family) | In: \$5,100/\$7,150 (Family) Out: \$10,200/\$14,300 (Family) |
| Coinsurance (In/Out) | 100/0% | 90/70% | 80/60% | 80/60% | 80/60% Enhanced: 90/60% |
| Office Visit | \$15/100% | \$15/100% (dw) | First 4 Visits: \$25/100% (dw) 5+ Visits: \$0/80% | \$20/80% Enhanced: \$10/80% | \$0/80% |
| Outpatient Lab/X-Ray | \$0/100% | \$0/90% | First \$500: \$0/100% (dw) \$501+: \$0/80% | \$0/80% | \$0/80% |
| Emergency Room | \$100/100% | \$75/90% | \$75/80% | \$100/80% | \$0/80% |
| Prescription Drugs | \$15/\$30 (2x Mail) | In: \$15/\$25/\$45 (2x Mail) Out: Not Covered | In: \$15/\$25/\$45 (2x Mail) Out: Not Covered | In: \$20\$45/\$65 (2x Mail) Out: Not Covered | After Ded.: \$10\$35/\$70 (2x Mail) Out: Not Covered |
| Preventive Care | \$0/100% (dw) | \$0/100% (dw) | \$0/100% (dw) | \$0/100% (dw) | \$0/100% (dw); Net. Only |

| Monthly Rates | Non-AEA | | | | | | |
|--------------------------------|---------|----|----|----|----|----------|----------|
| Employee | 35 | 34 | 18 | 12 | 29 | 936.37 | 1,092.54 |
| Employee + Spouse | 6 | 5 | 3 | 5 | 7 | 1,719.13 | 2,005.87 |
| Employee + Child(ren) | 17 | 12 | 7 | 8 | 7 | 1,254.46 | 1,463.70 |
| Employee + Spouse & Child(ren) | 0 | 1 | 2 | 1 | 9 | 2,060.69 | 2,404.40 |
| Total Employees | 58 | 52 | 30 | 26 | 52 | | |
| | | | | | | 895.26 | 1,199.39 |
| | | | | | | 717.21 | 960.86 |
| | | | | | | 1,316.78 | 1,578.39 |
| | | | | | | 628.26 | 1,382.63 |

Renewal Choice 2

| Network Benefit Outline | QHDHP | Basic Plan | Easy Choice A | Easy Choice B | PPO Plan 3 | PPO Plan 2 | PPO Plan 5 |
|---|--|--------------------|---|---|---|---|---|
| Carrier | WEA | WEA | WEA | WEA | WEA | WEA | WEA |
| Network Deductible (Individual / Family) | \$1,750 / \$3,500 | \$2,100 / \$4,200 | \$1,250 / \$3,750 | \$750 / \$2,250 | \$500 / \$1,500 | \$300 / \$900 | \$200 / \$600 |
| Out-of-Pocket Maximum (Individual / Family) | \$5,000 / \$10,000 | \$6,600 / \$13,200 | Med: \$4,000 / \$8,000 Rx: \$2,500 / \$5,000 | Med: \$3,500 / \$7,000 Rx: \$2,500 / \$5,000 | Med: \$3,000 / \$9,000 Rx: \$2,000 / \$4,000 | Med: \$2,000 / \$6,000 Rx: \$2,000 / \$4,000 | Med: \$1,000 / \$3,000 Rx: \$2,000 / \$4,000 |
| Coinsurance (In/Out) | 80% / 50% | 70% / 50% | 80% / 50% | 75% / 50% | 80% / 60% | 80% / 60% | 90% / 70% |
| Primary Care Office Visit | \$0/80%, Dec. Applies | \$35/100% (dw) | \$25/100% (dw) | \$30/100% (dw) | \$30/100% (dw) | \$25/100% (dw) | \$20/100% (dw) |
| Monthly Rates | Aetna: PPO Network | | | | | | |
| Employee | 560.58 | 611.14 | 730.17 | 758.96 | 980.37 | 1,079.03 | 1,259.80 |
| Employee + Spouse | 1,028.24 | 1,125.23 | 1,331.79 | 1,388.03 | 1,799.55 | 1,980.16 | 2,426.82 |
| Employee + Children | 747.75 | 815.23 | 975.46 | 1,014.09 | 1,314.15 | 1,446.75 | 1,715.24 |
| Employee + Spouse & Children | 1,220.98 | 1,339.27 | 1,589.98 | 1,656.98 | 2,155.94 | 2,374.13 | 2,924.67 |
| Monthly Rates | Aetna: High Performance Network | | | | | | |
| Employee | 538.54 | 587.07 | 701.32 | 728.95 | 941.47 | 1,036.16 | 1,209.68 |
| Employee + Spouse | 987.41 | 1,080.51 | 1,278.77 | 1,332.76 | 1,727.75 | 1,901.11 | 2,329.83 |
| Employee + Children | 718.19 | 782.96 | 936.75 | 973.84 | 1,261.84 | 1,389.12 | 1,646.83 |
| Employee + Spouse & Children | 1,172.41 | 1,285.96 | 1,526.60 | 1,590.91 | 2,069.83 | 2,279.25 | 2,807.68 |
| Monthly Rates | UnitedHealthcare: PPO Network | | | | | | |
| Employee | 589.75 | 642.95 | 768.27 | 798.57 | 1,031.71 | 1,135.52 | 1,325.83 |
| Employee + Spouse | 1,082.24 | 1,184.37 | 1,401.78 | 1,460.69 | 1,894.46 | 2,084.53 | 2,554.25 |
| Employee + Children | 786.48 | 857.54 | 1,026.56 | 1,066.93 | 1,382.95 | 1,522.89 | 1,805.01 |
| Employee + Spouse & Children | 1,285.42 | 1,409.41 | 1,673.66 | 1,744.35 | 2,269.43 | 2,498.89 | 3,078.69 |
| Monthly Rates | UnitedHealthcare: High Performance Network | | | | | | |
| Employee | 532.82 | 580.81 | 693.82 | 721.15 | 931.30 | 1,025.00 | 1,196.63 |
| Employee + Spouse | 976.81 | 1,068.94 | 1,264.99 | 1,318.10 | 1,709.13 | 1,880.68 | 2,304.28 |
| Employee + Children | 710.17 | 774.28 | 926.70 | 963.09 | 1,247.98 | 1,374.27 | 1,628.71 |
| Employee + Spouse & Children | 1,159.97 | 1,271.81 | 1,510.12 | 1,573.85 | 2,047.19 | 2,254.30 | 2,777.17 |