**Griswold Community School District**

**Summary of Benefits Effective 7/1/2025**

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| **MEDICAL** | **PPO**  **Plan A** | **HDHP**  **Plan B** |
| Coinsurance | 30% | 0% After Deductible |
| Deductible  *(Calendar Year)* | $2,000 Single  $4,000 Family | $3,500 Single  $7,000 Family |
| Out of Pocket Max  *(Calendar Year)* | $4,000 Single  $8,000 Family | $3,500 Single  $7,000 Family |
| Primary Office Visit | $20 Copay | Deductible/100% |
| Specialist Office Visit | $100 Copay | Deductible/100% |
| Urgent Care | $20 Copay | Deductible/100% |
| Emergency Services | Deductible/30% | Deductible/100% |
| **RX** |  |  |
| Retail # of Days Supply | 30/90 | 30/90 |
| Retail Generic | $15/$45 Copay | Deductible/100% |
| Retail Formulary | 30% Coinsurance | Deductible/100% |
| Retail Non-Formulary | 30% Coinsurance | Deductible/100% |
| Mail Order # of Days Supply | 90 | 90 |
| Mail Order Generic | $45 Copay | Deductible/100% |
| Mail Order Formulary | 30% Coinsurance | Deductible/100% |
| Mail Order Non-Formulary | 30% Coinsurance | Deductible/100% |
| Specialty # of Days Supply | 30 | 30 |
| Specialty Retail Copay | 30% Coinsurance | Deductible/100% |
| Specialty Mail Order | Not Covered | |