



Gilbert Community School District

Benefit Elections Due by May 18, 2020

Enroll Through [HRconnection Portal](#)- May 4 through May 18

Wellmark BlueCross BlueShield Plans 2020-2021

	Option 1		Option 2			Option 3	
	Wellmark BCBS		Wellmark BCBS			Wellmark BCBS	
	Alliance Select		Blue Choice			Alliance Select	
	OBS #116409-174/116409-177		OBS #116409-176/116409-179			OBS #116409-180/116409-181	
	In Network	Out-of-Network	Level 1 Benefit	Level 2 Benefit	Level 3 Benefit	In Network	Out-of-Network
Deductible	\$1,000 Single/\$2,000 Family	\$2,000 Single/\$4,000 Family	\$1,000 Single/\$2,000 Family		\$2,000 Single/\$4,000 Family	\$3,500 Single/\$7,000 Family	\$7,000 Single/\$14,000 Family
Coinsurance	80%/20%		80%/20%			100%/0%	
Out-of-Pocket Maximum	\$2,000 Single/\$4,000 Family	\$4,000 Single/\$8,000 Family	\$2,000 Single/\$4,000 Family		\$4,000 Single/\$8,000 Family	\$3,500 Single/\$7,000 Family	\$7,000 Single/\$14,000 Family
Ambulance Expense	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Office Visit Copay	\$25 PCP/\$40 Specialist	Deductible/Coinsurance	\$25 PCP/\$40 Specialist	\$40 PCP/\$40 Specialist	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Preventive Care	Copay is waived	Deductible/Coinsurance	Copay is waived	Not Covered	Not Covered	Not subject to Deductible*	Deductible/Coinsurance
Well Child Care	Copay is waived	Deductible/Coinsurance	Copay is waived	Not Covered	Not Covered	Not subject to Deductible	Deductible/Coinsurance
Urgent Care Copay	\$25 (if services billed as office visit)	Deductible/Coinsurance	\$40 (if services billed as office visit)	\$40 (if services billed as office visit)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room Copay	\$75		\$100			Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	\$25 Subject to Care Management	Deductible/Coinsurance	\$25 Subject to Care Management		Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Lifetime Maximum	Unlimited		Unlimited			Unlimited	
	Prescription Drugs		Prescription Drugs			Prescription Drugs	
Pharmacy	Copay: \$15/\$30/\$45 & 2 copays for mail order		Copay: \$15/\$30/\$45 & 2 copays for mail order			Deductible/Coinsurance	Deductible/Coinsurance
	Mental Health & Substance Abuse Services MHCD**		Mental Health & Substance Abuse Services MHCD**			Mental Health & Substance Abuse Services MHCD**	
Outpatient	\$25 Office visit or Deductible/Coinsurance	Deductible/Coinsurance	\$25 Office visit or Deductible/Coinsurance	\$25 Office visit or Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Ded. applies then plan pays	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
	2020-2021 Rates		2020-2021 Rates			2020-2021 Rates	
Employee	\$707.37		\$647.13			\$538.46	
Employee/Spouse	\$1,454.64		\$1,329.39			\$1,103.43	
Employee/Child(ren)	\$1,342.90		\$1,227.36			\$1,018.94	
Family	\$1,775.97		\$1,622.76			\$1,346.37	

*Does not include routine vision exam

**MHCD treated as any other illness

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This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate you will receive after you enroll and the enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.