

2020-2021 Groton Dunstable Regional School District Benefit Comparison

	ChoiceNet HMO	ChoiceNet PPO		Best Buy HMO HSA
	In-Network	In-Network	Out-of-Network	In-Network
Annual Deductible (Applies to services as indicated and is member's responsibility)	\$500 per individual / \$1,000 per family	\$500 per individual / \$1,000 per family		\$1,500 per individual / \$3,000 per family
Annual Out-of-Pocket Maximum	\$5,000 per individual / \$10,000 per family	\$5,000 per individual / \$10,000 per family		\$5,000 per individual / \$10,000 per family
Monthly Premium Contribution	Please see HR for details.		Please see HR for details.	
Preventive Primary Care (routine adult & child annual exams, annual gynecological visits, routine pre-natal & post-partum visits, select diagnostic tests)	Covered in full	Covered in full	20% coinsurance after deductible is met	Covered in Full
Primary Care/Gynecological Office Visits	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$40 copay	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$40 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Specialist Office Visit	Tier 1: \$30 copay Tier 2: \$60 copay Tier 3: \$75 copay	Tier 1: \$30 copay Tier 2: \$60 copay Tier 3: \$75 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Urgent Care @ convenience care clinic	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$40 copay	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$40 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Urgent Care Clinic (including hospital urgent care clinic)	Tiers 1, 2 & 3: \$20 copay	Tiers 1, 2 & 3: \$20 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Emergency Room Care	\$100 copay after deductible is met	\$100 copay after deductible is met		Covered in full after deductible is met
Emergency Admission	Tiers 1, 2 & 3: \$275 copay after deductible is met	Tiers 1, 2 & 3: \$275 copay after deductible is met	\$275 copay after deductible is met	Covered in full after deductible is met
Inpatient Hospital Services	Copay after deductible is met: Tier 1: \$275 Tier 2: \$500 Tier 3: \$1,000	Tiers 1, 2 & 3: \$275 copay after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
Skilled Nursing Facility (up to 100 days per plan year)	Tiers 1, 2 & 3: 20% coinsurance after deductible is met	Tiers 1, 2 & 3: 20% coinsurance after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
Inpatient Rehabilitation (up to 60 days per plan year)	Tiers 1, 2 & 3: No charge after deductible is met	Tiers 1, 2 & 3: No charge after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met

This is intended to be a summary only; for detailed information please refer to the *Schedule of Benefits*.

2020-2021 Groton Dunstable Regional School District Benefit Comparison

Plan	ChoiceNet HMO	ChoiceNet PPO		Best Buy HMO HSA
	In-Network	In-Network	Out-of-Network	In-Network
Diagnostic Tests, Laboratory Tests and X-rays	Tiers 1, 2 & 3: Covered in full after deductible is met	Tiers 1, 2 & 3: Covered in full after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
Outpatient Surgery	Tiers 1, 2 & 3: \$250 copay after deductible is met	Tiers 1, 2 & 3: \$250 copay after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
High End Radiology	Tiers 1, 2 & 3: \$100 copay after deductible is met	Tiers 1, 2 & 3: \$100 copay after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
Routine Outpatient Prenatal and Postnatal Care	Tiers 1, 2 & 3: Covered in Full	Tiers 1, 2 & 3: Covered in Full	20% coinsurance after deductible is met	Covered in full
Routine Nursery Charges for Newborn	Tiers 1, 2 & 3: Covered in Full	Tiers 1, 2 & 3: Covered in Full	20% coinsurance after deductible is met	Covered in full
Inpatient Mental Health	Tiers 1, 2 & 3: \$200 copay	Tiers 1, 2 & 3: \$200 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Outpatient Mental Health	Tiers 1, 2 & 3: \$10 copay	Tiers 1, 2 & 3: \$10 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Preventive Pediatric Dental (up to age 13)	Tiers 1, 2 & 3: \$10 copay	Tiers 1, 2 & 3: \$10 copay	20% coinsurance after deductible is met	\$20 copay
Physical and Occupational Therapy (up to 30 visits per calendar year)	Tiers 1, 2 & 3: \$20 copay	Tiers 1, 2 & 3: \$20 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Durable Medical Equipment	Covered in full after deductible is met	Covered in full after deductible is met	20% coinsurance after deductible is met	Covered in full after deductible is met
Chiropractic Care (20 visits per calendar year)	Tiers 1, 2 & 3: \$20 copay	Tiers 1, 2 & 3: \$20 copay	20% coinsurance after deductible is met	Covered in full after deductible is met
Emergency Ambulance Services	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met
Prescription Drug Coverage				
Prescription Drug Deductible	ChoiceNet HMO and ChoiceNet PPO \$100 per individual / \$200 per family		Best Buy HMO HSA Combined with the medical deductible	
Prescription Drug Cost Sharing for ChoiceNet HMO, ChoiceNet PPO and Best Buy HMO HSA				
	Retail-30 day (per script/per refill)	Retail-90 day (per script/per refill)	Mail Order-90 day (per script/per refill)	
Tier 1	\$10 copay after deductible is met	\$30 copay after deductible is met	\$25 copay after deductible is met	
Tier 2	\$30 copay after deductible is met	\$90 copay after deductible is met	\$75 copay after deductible is met	
Tier 3	\$65 copay after deductible is met	\$195 copay after deductible is met	\$165 copay after deductible is met	

This is intended to be a summary only; for detailed information please refer to the *Schedule of Benefits*.