



COMPOSITE SUMMARY	Pelican HRA1000	MEDPLUS
<b>DEDUCTIBLES &amp; OUT OF POCKET MAXIMUM</b>		
Calendar Year Deductible (CYD)	\$2000 / \$4000	\$1000 / \$2000
Coinsurance after Deductible	Pelican 80% / Member 20%	Medplus 100% / Member 0%
Other Benefit: HRA	HRA covers first \$1,000/\$2,000 with Rollover	HRA covers first \$1,000/\$2,000 with Rollover
Out of Pocket Maximum (OPM)	\$5000 / \$10000	Variable - Reduced
Cost after Deductible and OPM have been met	Pelican covers 100%	Pelican covers 100%
<b>INPATIENT HOSPITAL FACILITY</b>		
Inpatient Hospital	\$2000/\$4000 CYD then 80%	Medplus pays up to \$4000/\$8000
Inpatient Hospital Physician Services		
<b>OUTPATIENT FACILITY AND PHYSICIAN CHARGES</b>		
Emergency Room + Physician		
Outpatient Facility & Ambulatory Centers		
Outpatient Physician (surgery and anesthesia)	\$2000/\$4000 CYD then 80%	Medplus pays up to \$4000/\$8000
Outpatient Diagnostic		
Ambulance		
Other Covered Services - PT, Chiro, DME		
<b>PHYSICIAN AND RX CO-PAYS</b>		
Preventative/Wellness	Pelican covers at 100%	Covered under Pelican
Primary/Specialist Physician Charges	HRA / CYD	Medplus pays up to \$4000/\$8000
Prescription Drug Benefits: Tier 1,2,4	50% up to \$30/\$55/\$80	Covered under Pelican
Prescription Drug Benefits: Tier 3	65% up to \$80	Covered under Pelican

**Pelican's health reimbursement arrangement (HRA) provides benefit for member's first \$1,000 or family \$2,000. MedPlus covers all plan allowed charges exceeding HRA and up to member max out of pocket excluding prescription copays. Charges for services not covered by the primary health plan are not covered by MedPlus.**

**\*\* Medplus benefit begins once all HRA dollars are exhausted.**

### MONTHLY PREMIUM

	<u>District</u>	<u>Employee</u>
Employee	\$44.68	\$0.00
Employee/Spouse	\$98.28	\$0.00
Employee/Child(ren)	\$82.64	\$0.00
Family	\$136.24	\$0.00