

Green City R-I School District OSBA Choice Medical Plans (2026-2027)



PPO Plans

Coverage Level	\$0 Deductible POS	1000/2000 Choice PPO		1500/2500 Choice PPO		2500/3500 Choice PPO	
Employee	\$882.00	\$834.00		\$794.00		\$765.00	
Employee + Spouse	\$1,852.00	\$1,751.00		\$1,667.00		\$1,607.00	
Employee + Child	\$1,345.00	\$1,272.00		\$1,211.00		\$1,167.00	
Employee + Child(ren)	\$1,566.00	\$1,480.00		\$1,409.00		\$1,358.00	
Employee + Family	\$2,448.00	\$2,314.00		\$2,203.00		\$2,123.00	
In-Network Services	Blue Preferred Plus (POS)	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions		Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	\$0	\$1,000	\$2,000	\$1,500	\$2,500	\$2,500	\$3,500
Deductible: Family	\$0	\$3,000	\$6,000	\$4,500	\$7,500	\$7,500	\$10,500
Max out-of-pocket: Individual	\$4,000	\$5,000	\$6,000	\$6,000	\$7,000	\$6,500	\$7,500
Max out-of-pocket: Family	\$8,000	\$10,000	\$12,000	\$12,000	\$14,000	\$13,000	\$15,000
Copays & Coinsurance							
Primary Care Physician (PCP)	\$35 Copay	\$35 Copay	\$45 Copay	\$35 Copay	\$45 Copay	\$35 Copay	\$45 Copay
Specialists Physician	\$50 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay
Virtual Primary Care Doctor Visits	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Live Health Online Doctor Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Urgent Care Facility	\$75 Copay	\$75 Copay	\$100 Copay	\$75 Copay	\$100 Copay	\$75 Copay	\$100 Copay
Hospitalization: Emergency Room	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Hospitalization: Inpatient	10% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	10% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays							
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	Out of Network <i>(Blue Card National Network not available)</i>	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	\$3,500	\$6,000		\$7,000		\$8,000	
Deductible: Family	\$10,500	\$18,000		\$21,000		\$24,000	
Maximum out-of-pocket: Individual	\$8,000	\$12,000		\$14,000		\$15,000	
Maximum out-of-pocket: Family	\$16,000	\$24,000		\$28,000		\$30,000	

*Red text indicates plan changes from prior plan year.

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HSA Plans

Coverage Level	3400/3400 Choice HSA		4000/5000 Choice HSA		4500/6000 Choice HSA		6000/7000 Choice HSA	
Employee	\$745.00		\$687.00		\$662.00		\$610.00	
Employee + Spouse	\$1,565.00		\$1,443.00		\$1,390.00		\$1,281.00	
Employee + Child	\$1,136.00		\$1,048.00		\$1,010.00		\$930.00	
Employee + Child(ren)	\$1,322.00		\$1,219.00		\$1,175.00		\$1,083.00	
Employee + Family	\$2,067.00		\$1,906.00		\$1,837.00		\$1,693.00	
In-Network Services	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	\$3,400	\$3,400	\$4,000	\$5,000	\$4,500	\$6,000	\$6,000	\$7,000
Deductible: Family	\$6,800	\$6,800	\$8,000	\$10,000	\$9,000	\$12,000	\$12,000	\$14,000
Max out-of-pocket: Individual	\$5,000	\$5,500	\$6,000	\$7,000	\$6,500	\$7,000	\$7,000	\$8,000
Max out-of-pocket: Family	\$10,000	\$11,000	\$12,000	\$14,000	\$13,000	\$14,000	\$14,000	\$16,000
Copays & Coinsurance								
Primary Care Physician (PCP)	\$35 Copay after Deductible	\$45 Copay after Deductible	\$35 Copay after Deductible	\$45 Copay after Deductible	\$35 Copay after Deductible	\$45 Copay after Deductible	\$35 Copay after Deductible	\$45 Copay after Deductible
Specialists Physician	\$60 Copay after Deductible	\$75 Copay after Deductible	\$60 Copay after Deductible	\$75 Copay after Deductible	\$60 Copay after Deductible	\$75 Copay after Deductible	\$60 Copay after Deductible	\$75 Copay after Deductible
Virtual Primary Care Doctor Visits	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible
Live Health Online Doctor Visits	\$0 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Urgent Care Facility	\$75 Copay after Deductible	\$100 Copay after Deductible	\$75 Copay after Deductible	\$100 Copay after Deductible	\$75 Copay after Deductible	\$100 Copay after Deductible	\$75 Copay after Deductible	\$100 Copay after Deductible
Hospitalization: Emergency Room	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Prescriptions Copays								
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)
Limited Preventative RX Plus	0%	0%	0%	0%	0%	0%	0%	0%
Out-Of-Network Services	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	\$8,000		\$11,000		\$13,000		\$13,500	
Deductible: Family	\$16,000		\$22,000		\$26,000		\$27,000	
Maximum out-of-pocket: Individual	\$12,250		\$16,625		\$17,250		\$18,250	
Maximum out-of-pocket: Family	\$25,000		\$33,250		\$35,000		\$36,500	

*Red text indicates plan changes from prior plan year.