

Poudre School District
PPO1 and PPO2 Medical Plan Comparison August 1, 2024 – July 31, 2025

	PPO1 Plan		PPO2 Plan
Benefit Description	In-Network	Out-of-Network	In-Network Only
Plan Year Deductible	Individual: \$750 Family: \$2,250	Individual: \$1,125 Family: \$3,375	Individual: \$1,500 Family: \$4,500
Plan Year Out-of-Pocket Maximum	Individual: \$4,750 Family: \$9,500	Individual: \$7,750 Family: \$15,500	Individual: \$7,700 Family: \$15,400
Primary Care Office Visit	\$35 copayment; services billed outside office services are subject to deductible and 30% coinsurance	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Specialist Office Visit	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Preventive Care Annual Well Exam (age 2 and up)	Plan pays 100%	Plan pays 100% up to \$200/plan year; You pay 50% after deductible	Plan pays 100%
Well Child (to age 2)	Plan pays 100%	Plan pays 100% up to \$300/plan year; You pay 50% after deductible	Plan pays 100%
Mammograms/Routine Prostate Exams	Plan pays 100%	Plan pays 100% up to \$100/plan year; You pay 50% after deductible	Plan pays 100%
Urgent Care	Plan pays 70%; You pay 30% after deductible	If immediate care is required: Plan pays 70%; You pay 30% after deductible If immediate care is not required: Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Inpatient Hospital	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Outpatient/Ambulatory Surgery	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible

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Benefit Description	PPO1 Plan		PPO2 Plan
	In-Network	Out-of-Network	In-Network Only
Laboratory and X-Ray – Diagnostic MRIs, CAT and PET Scans	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Emergency Care	Plan pays 70%; You pay 30% after deductible	If immediate care is required: Plan pays 70%; You pay 30% after deductible If immediate care is not required: Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Ambulance	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Durable Medical Equipment	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible; \$2,000 plan year max	Plan pays 70%; You pay 30% after deductible
Therapies – Occupational, Physical, Speech	Plan pays 70%; You pay 30% after deductible; 30 sessions maximum per acute care	Plan pays 50%; You pay 50% after deductible; 30 sessions maximum per acute care	Plan pays 70%; You pay 30% after deductible; 30 sessions maximum per acute care
Mental Health/Substance Use Disorders – Inpatient Services	Plan pays 70%; You pay 30% after deductible	Plan pays 50%; You pay 50% after deductible	Plan pays 70%; You pay 30% after deductible
Mental Health/Substance Use Disorders – Outpatient Services	Plan pays 70%; You pay 30% (does not apply toward the annual deductible)	Plan pays 50%; You pay 50% (does not apply toward the annual deductible)	Plan pays 70%; You pay 30% (does not apply toward the annual deductible)

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Prescription Drugs			
Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Not Applicable	Individual: \$1,500 Family: \$3,000
Retail (up to 34-day supply)	Generic: You pay 10% Preferred: You pay 20% Non-Preferred: You pay 30%	No Benefit	Generic: You pay 10% Preferred: You pay 20% Non-Preferred: You pay 30%
Mail Order (90-day supply)	Generic: You pay \$30 Preferred: You pay \$150 Non-Preferred: You pay \$250	No Benefit	Generic: You pay \$30 Preferred: You pay \$150 Non-Preferred: You pay \$250

If there is a conflict between the information in this summary and the legal plan documents, the plan will be administered according to the legal plan documents.