Poudre School District

MENTAL HEALTH / SUBSTANCE USE SUMMARY OF BENEFITS effective 08/01/2024 - 07/31/2025

PPO-1			
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK	
Out of Pocket maximum	\$4,750 individual / \$9,500 family (combined with medical)	\$7,750 individual / \$15,500 family (combined with medical)	
Inpatient Services			
Deductible	\$750 individual / \$2,250 family (combined with medical)	\$1,125 individual / \$3,375 family (combined with medical)	
Coinsurance	30% of allowed charges	50% of allowed charges	
Maximum Benefit	None	None	
Outpatient Services			
 Deductible 	None	None	
 Coinsurance 	30% of allowed charges	Plan pays 50% of allowed charges	
 Maximum Benefit 	None	None	

PPO-2			
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK	
Out of Pocket maximum	\$7,700 individual / \$15,400 family (combined with medical)	No Coverage	
Inpatient Services • Deductible	\$1,500 individual / \$4,500 family (combined with medical)	No Coverage	
CoinsuranceMaximum Benefit	30% of allowed charges None		
Outpatient Services	None 30% of allowed charges None	No Coverage	

PCDHP			
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK	
Out of Pocket maximum	\$7,700 individual / \$15,400 family (combined with medical)	\$15,400 individual / \$30,800 family (combined with medical)	
Inpatient Services			
Deductible	\$7,700 individual / \$15,400 family (combined with medical)	\$15,400 individual / \$30,800 family (combined with medical)	
 Coinsurance 	None	None	
Maximum Benefit	None	None	
Outpatient Services			
Deductible	\$7,700 individual / \$15,400 family (combined with medical)	\$15,400 individual / \$30,800 family (combined with medical)	
 Coinsurance 	None	None	
Maximum Benefit	None	None	