Tipton R-VI 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	$166.00		$124.00		$90.00		$65.00	
Employee + Spouse	$1,005.00		$917.00		$846.00		$793.00	
Employee + Child	$567.00		$503.00		$451.00		$413.00	
Employee + Child(ren)	$757.00		$683.00		$622.00		$578.00	
Employee + Family	$1,520.00		$1,404.00		$1,309.00		$1,240.00	
Employer HSA Contributions	Not Applicable		Not Applicable		Not Applicable		Not Applicable	
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	$15/$45/$75/25% Max $200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	**Out of Network** *(Blue Card National Network not available)*		**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.*

Tipton R-VI School District
OSBA Choice Medical Plans (2026-2027)

HSA Plans

Coverage Level	3400/3400 Choice HSA		4000/5000 Choice HSA		4500/6000 Choice HSA		6000/7000 Choice HSA	
Employee	$48.00		$0.00		$0.00		$0.00	
Employee + Spouse	$758.00		$653.00		$630.00		$581.00	
Employee + Child	$387.00		$312.00		$301.00		$277.00	
Employee + Child(ren)	$548.00		$460.00		$444.00		$409.00	
Employee + Family	$1,193.00		$1,054.00		$1,017.00		$937.00	
Employer HSA Contributions	$0.00		$3.00		$24.00		$69.00	
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	

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