



BLACK HAWK COUNTY FY'21 MEDICAL/Rx PLAN DESIGNS

Effective: July 1, 2020 - June 30, 2021

	\$500 PLAN		\$750 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$500 / \$1,000 Family Maximum		\$750 / \$1,500 Family Maximum	
Coinsurance	90% / 10%	80% / 20%	80% / 20%	70% / 30%
Out-of-Pocket Maximum	\$1,000 / \$2,000 Family Maximum		\$1,500 / \$3,000 Family Maximum	
Office Visits	\$20 Copay	Deductible / Coinsurance	\$25 Copay	Deductible / Coinsurance
Emergency Room	\$100 Copay, waived if admitted to hospital		\$150 Copay, waived if admitted to hospital	
Chiropractic Visits	10% Coinsurance to \$20 Maximum	Deductible / Coinsurance	20% Coinsurance to \$25 Maximum	Deductible / Coinsurance
Rx Copays - Retail, 30 day supply				
Tier 1	20% / \$20 Max		20% / \$20 Max	
Tier 2	30% / \$40 Max		30% / \$40 Max	
Tier 3	40% / \$80 Max		40% / \$80 Max	
Mail Order, 90 Day Supply				
Tier 1	\$10 Copay for 90-day supply		\$10 Copay for 90-day supply	
Tier 2	\$30 Copay for 90-day supply		\$30 Copay for 90-day supply	
Tier 3	\$60 Copay for 90-day supply		\$60 Copay for 90-day supply	
MONTHLY PREMIUMS (divided between 1st & 2nd payrolls)				
FULL TIME EMPLOYEES	SINGLE	FAMILY	SINGLE	FAMILY
Unit 5-Sheriff:	\$100.00	\$220.00	\$61.00	\$150.00
All other Units & NB (includes Sheriff NB):	\$95.00	\$210.00	\$56.00	\$140.00

Please see SBCs and SPDs for more detailed information at: <https://ia-blackhawkcounty.civicplus.com/657/Benefit-Forms-and-Information>