## Poudre School District PPO1 and PPO2 Medical Plan Comparison August 1, 2025 – July 31, 2026

	PPO1 Plan		PPO2 Plan
Benefit Description	In-Network	Out-of-Network	In-Network Only
Plan Year Deductible	Individual: \$750	Individual: \$1,125	Individual: \$1,500
	Family: \$2,250	Family: \$3,375	Family: \$4,500
Plan Year Out-of-Pocket Maximum	Individual: \$4,750	Individual: \$7,750	Individual: \$7,700
	Family: \$9,500	Family: \$15,500	Family: \$15,400
Primary Care Office Visit	\$35 copayment; services billed outside	Plan pays 50%; You pay 50% after	Plan pays 70%; You pay 30% after
	office services are subject to deductible	deductible	deductible
	and 30% coinsurance		
Specialist Office Visit	Plan pays 70%; You pay 30% after	Plan pays 50%; You pay 50% after	Plan pays 70%; You pay 30% after
	deductible	deductible	deductible
Preventive Care Annual Well Exam	Plan pays 100%	Plan pays 100% up to \$200/plan year;	Plan pays 100%
(age 2 and up)		You pay 50% after deductible	
Well Child (to age 2)	Plan pays 100%	Plan pays 100% up to \$300/plan year;	Plan pays 100%
		You pay 50% after deductible	
Mammograms/Routine Prostate	Plan pays 100%	Plan pays 100% up to \$100/plan year;	Plan pays 100%
Exams		You pay 50% after deductible	
Urgent Care	\$100 copay; services billed outside	If immediate care is required: \$100	\$100 copay; services billed outside
	office services are subject to	copay; services billed outside office	office services are subject to
	deductible and 30% coinsurance	services are subject to deductible and	deductible and 30% coinsurance
		50% coinsurance	
Inpatient Hospital	Plan pays 70%; You pay 30% after	Plan pays 50%; You pay 50% after	Plan pays 70%; You pay 30% after
	deductible	deductible	deductible
Outpatient/Ambulatory Surgery	Plan pays 70%; You pay 30% after	Plan pays 50%; You pay 50% after	Plan pays 70%; You pay 30% after
	deductible	deductible	deductible

## Poudre School District PPO1 and PPO2 Medical Plan Comparison August 1, 2025 – July 31, 2026

	PPC	PPO2 Plan	
Benefit Description	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 <b>not</b> 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	Not Applicable	Individual: \$1,500
	Family: \$3,000		Family: \$3,000
Retail (up to 34-day supply)	Generic: You pay 10%	No Benefit	Generic: You pay 10%
	Preferred: You pay 20%		Preferred: You pay 20%
	Non-Preferred: You pay 30%		Non-Preferred: You pay 30%
Mail Order (90-day supply)	Generic: You pay \$30	No Benefit	Generic: You pay \$30
	Preferred: You pay \$150		Preferred: You pay \$150
	Non-Preferred: You pay \$250		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.