**POUDRE SCHOOL DISTRICT**

**MENTAL HEALTH and SUBSTANCE USE COVERAGE**

**effective 08/01/2023 - 07/31/2024**

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| **PPO-1** | | |
| **COVERAGE DESCRIPTION** | **IN-NETWORK** | **OUT OF NETWORK** |
| **Lifetime Maximum** | None | None |
| **Plan year Out of Pocket maximum**   * Individual * Family | $4,400 (combined with medical)  $8,800 (combined with medical) | $7,400 (combined with medical)  $14,800 (combined with medical) |
| **Inpatient Services**   * Deductible * Coinsurance * Maximum Benefit | $500 (combined with medical)  30% of allowed charges  None | $750 (combined with medical)  50% of allowed charges  None |
| **Outpatient Services**   * Deductible * Coinsurance * Maximum benefit | None  30% of allowed charges  None | None  50% of allowed charges  None |

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| **PPO-2** | | |
| **COVERAGE DESCRIPTION** | **IN-NETWORK** | **OUT OF NETWORK** |
| **Lifetime Maximum** | None | None |
| **Plan year Out of Pocket maximum**   * Individual * Family | $7,600 (combined with medical)  $15,200 (combined with medical) | No Coverage |
| **Inpatient Services**   * Deductible * Coinsurance * Maximum Benefit | $1,000 (combined with medical)  30% of allowed charges  None | No Coverage  (except in the case of emergency hospitalization admission, which will result in in-network coverage) |
| **Outpatient Services**   * Deductible * Coinsurance * Maximum benefit | None  30% of allowed charges  None | No Coverage |