**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 chargesNone | $750 (combined with medical)50% of allowed chargesNone |
| **Outpatient Services*** Deductible
* Coinsurance
* Maximum benefit
 | None30% of allowed chargesNone | None50% of allowed chargesNone |

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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 chargesNone | No Coverage(except in the case of emergency hospitalization admission, which will result in in-network coverage) |
| **Outpatient Services*** Deductible
* Coinsurance
* Maximum benefit
 | None30% of allowed chargesNone | No Coverage |