

Poudre School District  
**MENTAL HEALTH / SUBSTANCE USE SUMMARY OF BENEFITS**  
**effective 08/01/2025 - 07/31/2026**

PPO-1		
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK
<b>Out of Pocket maximum</b>	\$4,750 individual / \$9,500 family (combined with medical)	\$7,750 individual / \$15,500 family (combined with medical)
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum Benefit</li> </ul>	\$750 individual / \$2,250 family (combined with medical)  30% of allowed charges None	\$1,125 individual / \$3,375 family (combined with medical)  50% of allowed charges None
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum Benefit</li> </ul>	None 30% of allowed charges None	None Plan pays 50% of allowed charges None

PPO-2		
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK
<b>Out of Pocket maximum</b>	\$7,700 individual / \$15,400 family (combined with medical)	No Coverage
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum Benefit</li> </ul>	\$1,500 individual / \$4,500 family (combined with medical)  30% of allowed charges None	No Coverage
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum benefit</li> </ul>	None 30% of allowed charges None	No Coverage

PCDHP		
COVERAGE DESCRIPTION	IN NETWORK	OUT OF NETWORK
<b>Out of Pocket maximum</b>	\$7,700 individual / \$15,400 family (combined with medical)	\$15,400 individual / \$30,800 family (combined with medical)
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum Benefit</li> </ul>	\$7,700 individual / \$15,400 family (combined with medical) None None	\$15,400 individual / \$30,800 family (combined with medical) None None
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Maximum Benefit</li> </ul>	\$7,700 individual / \$15,400 family (combined with medical) None None	\$15,400 individual / \$30,800 family (combined with medical) None None