



High Deductible Health Plan with Health Savings Account New Offering January 1, 2025

Plymouth-Canton Community Schools is offering two new Medical Plans effective 1/1/25 during a special enrollment period in November 2024. Below is a comparison of the two new plans compared to Plan 6.

The only election change you may make is to switch from one of the current PPO plans to one of the new HSA plans effective 1/1/25. All plans will renew again on 9/1/25.

New High Deductible Health Plan Choices vs. Current Plan 6

BCBSM PLANS	9/1/24 - 8/31/25		1/1/25 - 8/31/25			
	Plan Choice #6 (PPO)		Plan Choice #7 (HSA)		Plan Choice #8 (HSA)	
Plan Design	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Office Visit / Urgent Care	\$30 Office Visit \$60 Urgent Care	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room	\$250 copay (waived if injury or if admitted)	\$250 copay (waived if injury or if admitted)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Preventive Care	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered
Coinsurance	80% after deductible	60% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Coinsurance Maximum (Single/Family) Not Including Deductible	\$1,500/\$3,000	\$3,000/\$6,000	N/A	N/A	N/A	N/A
Prescription Drugs (copays for HSA plans #7 and #8 apply AFTER deductible is met)	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays
Bariatric Surgery	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered
Out-of-Pocket Maximum In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays	\$6,350 per member / \$12,700 for 2 or more members per calendar year	\$12,700 per member / \$25,400 for 2 or more members per calendar year	\$3,000 per member / \$6,000 for 2 or more members per calendar year	\$6,000 per member / \$12,000 for 2 or more members per calendar year	\$4,000 per member / \$8,000 for 2 or more members per calendar year	\$8,000 per member / \$16,000 for 2 or more members per calendar year
	MONTHLY COST		MONTHLY COST		MONTHLY COST	
Single	\$88.88		\$28.95		\$0.00	
2-Person	\$185.89		\$60.57		\$0.00	
Family	\$242.27		\$78.85		\$0.00	



With the new HSA plans you may also contribute to a Health Savings Account. A Health Savings Account (HSA) is a tax-favored IRA-type of trust or custodial account to which an eligible individual, or someone such as an employer, may make contributions. The deposited money earns tax-free interest, and funds are not taxed when used to pay for qualified medical expenses. There are four requirements that must be satisfied in order to be an eligible individual. The individual:

- Must have coverage under a qualified High Deductible Health Plan (HDHP);
- Cannot be claimed as a tax dependent by anyone else;
- Must not be enrolled in any part of Medicare;
- Must not have any other coverage (i.e. through a spouse that is not a qualified HDHP)

Below are the differences between a Flexible Spending Account (FSA) vs. Health Savings Account (HSA).

	HSA	FSA
Account Owner	Employee	Employer
Contributions	Employee, Employer, Others	Employee (employer may contribute but not typically)
Dependent upon medical plan	Yes, requires enrollment in a qualified plan	No
Distributions for Qualified Medical Expenses	Not Taxed	Not Taxed
Fund Availability	As deposits are made (Cash Account)	Immediately (Notional Account)
Roll-over	Yes, without limits	Allowed up to IRS annual maximum (\$660 for 2025) Not transferrable post termination
2025 Contribution Limits	Single: \$4,300 Family: \$8,550	\$3,300