SCHOOLCAR HEALTH BENEFIT PLANS
Benefits
Individual Deductible
Optional Funding
Free Preventive Care
Emergency

Care/Urgent

Care

Other

Drugs

supply)

(Retail 30 day

Wellness

Program

Services

Prescription

ARE

Traditional

Green

\$0

FSA

\$50/visit

\$25/Visit

\$10/visit

\$5 generic

\$15 preferred

\$35

nonpreferred

Red

\$250

FSA

\$50/visit

\$25/Visit

Subject to

Deductible,

then 20%

to OP Max

\$5 generic

\$15 preferred

\$35

nonpreferred

Consumer Driven

\$1250

HRA/FSA

Deductible,

then 20% to

OP Max

Subject to

Deductible,

then 20%

to OP Max

Deductible,

then 10% to

OP Max

(\$75 cap)

Orange

\$2000

HSA/Limited

Purpose FSA

Deductible,

then 20% to

OP Max

Subject to

Deductible,

then 20%

to OP Max

Deductible,

then 10% to

OP Max

(\$75 cap)