

Montcalm ISD Move to January

CAPS 2026
\$7,942.09
\$16,609.38
\$21,660.30

Package Code	5	93	68	128	29	104	036/037	139/140
Vendor	POOL	Alternative	POOL	Alternative	POOL	Alternative	POOL	Alternative
Plan Name	ENHANCED 250 005	VALUE 250 093	ENHANCED 500 068	VALUE 500 128	ENHANCED 1000 029	VALUE 1000 104	ENHANCED HSA LEVEL 036/037	VALUE HSA LEVEL 139/140
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$250	\$250	\$500	\$500	\$1,000	\$1,000	\$1,650	\$1,650
Family Deductible	\$500	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$3,300	\$3,300
Embedded or Agg deductible?	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Aggregate	Aggregate
Coinsurance (Insurance Pays)	90%	90%	100%	90%	80%	80%	100%	90%
Individual Coinsurance Max	\$1,000	\$1,000	N/A	\$1,250	\$2,500	\$2,500	N/A	\$1,000
Family Coinsurance Max	\$2,000	\$2,000	N/A	\$2,500	\$5,000	\$5,000	N/A	\$2,000
Individual Out of Pocket Max	\$2,500	\$2,500	\$2,500	\$2,750	\$4,500	\$4,500	\$2,650	\$2,650
Family Out of Pocket Max	\$5,000	\$5,000	\$5,000	\$5,500	\$9,000	\$9,000	\$5,300	\$5,300
Preventative Care	100%	100%	100%	100%	100%	100%	100%	100%
Online Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay	100% after deductible	90% after deductible
Online Mental Health Visit	\$20 copay	90% after deductible	\$20 copay	90% after deductible	\$20 copay	\$30 copay	100% after deductible	90% after deductible
Primary Care Physician Office Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay	100% after deductible	90% after deductible
Specialist Office Visit	\$20 copay	\$40 copay	\$20 copay	\$40 copay	\$20 copay	\$50 copay	100% after deductible	90% after deductible
Urgent Care Visit	Facility: 90% after deductible Physician: 100% after \$20 copay	Facility: 100% after \$60 copay Physician: 100% after \$60 copay	Facility: 100% after \$30 copay Physician: 100% after \$20 copay	Facility: 100% after \$60 copay Physician: 100% after \$60 copay	Facility: 80% after deductible Physician: 100% after \$20 copay	Facility: 100% after \$60 copay Physician: 100% after \$60 copay	100% after deductible	90% after deductible
Emergency Room	\$50 copay, then 90% after deductible (waived if admitted or accidental injury)	\$150 copay (waived if admitted)	\$50 copay (waived if admitted or for accidental injury)	\$150 copay (waived if admitted)	\$50 copay (waived if admitted or for accidental injury)	\$150 copay (waived if admitted)	100% after deductible	90% after deductible
Chiropractic	90% after deductible, limited to 24 visits PMPY	\$20 copay, limited to 12 visits PMPY	100% limited to 24 visits PMPY	\$20 copay, limited to 12 visits PMPY	\$20 copay, limited to 24 visits PMPY	\$30 copay, limited to 12 visits PMPY	100% after deductible, limited to 24 visits PMPY	90% after deductible, limited to 12 visits PMPY
PT/OT/Speech combined	90% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 60 combined visits PMPY	80% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay after deductible	\$10 copay after deductible
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay after deductible	80% after deductible (\$80 max)
Non-Preferred Brand	\$40 copay	\$80 copay	\$40 copay	\$80 copay	\$40 copay	\$80 copay	\$40 copay after deductible	80% after deductible (\$100 max)
Preferred Specialty	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay after deductible	80% after deductible (\$80 max)
Non-Preferred Specialty	\$40 copay	\$80 copay	\$40 copay	\$80 copay	\$40 copay	\$80 copay	\$40 copay after deductible	80% after deductible (\$100 max)
Mandatory Mail	N	N	N	N	N	N	N	N
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	1x	2x	2x	2x
Private Duty Nursing	90% after deductible	Not Covered	90% after deductible	Not Covered	50% after deductible	Not Covered	80% after deductible	Not Covered
Wisdom Tooth Extractions	90% after deductible	Not Covered	100% after deductible	Not Covered	Not covered	Not Covered	100% after deductible	Not Covered
Massage Therapy Benefit	90% after deductible, limited to 24 visits PY	Not Covered	100% after deductible, limited to 24 visits PY	Not Covered	Not covered	Not Covered	Not Covered	Not Covered
Monthly Premiums	Renewal	Alternative	Renewal	Alternative	Renewal	Alternative	Renewal	Alternative
Single	\$939.84	\$834.50	\$1,014.22	\$811.15	\$825.47	\$753.93	\$865.30	\$706.45
2-Person	\$2,112.60	\$1,877.61	\$2,279.76	\$1,825.07	\$1,855.48	\$1,696.33	\$1,945.01	\$1,589.51
Family	\$2,628.35	\$2,336.58	\$2,836.35	\$2,271.19	\$2,308.78	\$2,110.99	\$2,420.18	\$1,978.05
Caps Adjusted EE Contributions - Monthly								
Single	\$278.00	\$172.66	\$352.38	\$149.31	\$163.62	\$92.09	\$203.46	\$44.61
2-Person	\$728.48	\$493.49	\$895.65	\$440.95	\$471.36	\$312.21	\$560.90	\$205.39
Family	\$823.33	\$531.56	\$1,031.33	\$466.17	\$503.75	\$305.96	\$615.16	\$173.03
Caps Adjusted EE Contributions - Annual								
Single	\$3,336.02	\$2,071.91	\$4,228.53	\$1,791.68	\$1,963.49	\$1,105.08	\$2,441.50	\$535.35
2-Person	\$8,741.77	\$5,921.92	\$10,747.76	\$5,291.40	\$5,656.34	\$3,746.56	\$6,730.76	\$2,464.69
Family	\$9,879.93	\$6,378.68	\$12,375.96	\$5,594.03	\$6,045.03	\$3,671.56	\$7,381.90	\$2,076.34