



Gilbert Community School District

Benefit Elections Due by May 15, 2023

Wellmark BlueCross BlueShield Plans 2023-2024

Enroll Through the EASE Portal
May 1 through May 15

	Option 1		Option 2			Option 3	
	Wellmark BCBS		Wellmark BCBS			Wellmark BCBS	
	Alliance Select		Blue Choice			Alliance Select	
	Plan OBS #116409-204/116409-205		Plan OBS #116409-201/116409-203			Plan OBS #116409-206/116409-207	
	In Network	Out-of-Network	Level 1 Benefit	Level 2 Benefit	Level 3 Benefit	In Network	Out-of-Network
Deductible	\$1,000 Single/\$2,000 Family	\$2,000 Single/\$4,000 Family	\$1,000 Single/\$2,000 Family		\$2,000 Single/\$4,000 Family	\$3,500 Single/\$7,000 Family	\$7,000 Single/\$14,000 Family
Coinsurance	80%/20%		80%/20%		60%/40%	100%/0%	
Out-of-Pocket Maximum	\$2,000 Single/\$4,000 Family	\$4,000 Single/\$8,000 Family	\$2,000 Single/\$4,000 Family		\$4,000 Single/\$8,000 Family	\$3,500 Single/\$7,000 Family	\$7,000 Single/\$14,000 Family
Ambulance Expense	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Office Visit Copay	\$25 PCP/\$40 Specialist	Deductible/Coinsurance	\$25 PCP/\$40 Specialist	\$40 PCP/\$40 Specialist	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Preventive Care	Copay is waived*	Deductible/Coinsurance	Copay is waived	Not Covered	Not Covered	Not subject to Deductible*	Deductible/Coinsurance
Well Child Care	Copay is waived	Deductible/Coinsurance	Copay is waived	Not Covered	Not Covered	Not subject to Deductible	Deductible/Coinsurance
Urgent Care Copay	\$25 (if services billed as office visit)	Deductible/Coinsurance	\$40 (if services billed as office visit)	\$40 (if services billed as office visit)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room Copay	\$75		\$100			Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	\$25 Subject to Care Management	Deductible/Coinsurance	\$25 Subject to Care Management		Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Lifetime Maximum	Unlimited		Unlimited			Unlimited	
	Prescription Drugs		Prescription Drugs			Prescription Drugs	
Pharmacy	Copay: \$15/\$30/\$45 & 2 copays for mail order		Copay: \$15/\$30/\$45 & 2 copays for mail order			Deductible/Coinsurance	Deductible/Coinsurance
	Mental Health & Substance Abuse Services MHCD**		Mental Health & Substance Abuse Services MHCD**			Mental Health & Substance Abuse Services MHCD**	
Outpatient	\$25 Office visit or Deductible/Coinsurance	Deductible/Coinsurance	\$25 Office visit or Deductible/Coinsurance	\$40 Office visit or Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Ded. applies then plan pays	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
	2023-2024 Rates		2023-2024 Rates			2023-2024 Rates	
Employee	\$714.25		\$657.32			\$527.92	
Employee/Spouse	\$1,468.95		\$1,350.58			\$1,081.51	
Employee/Child(ren)	\$1,356.09		\$1,246.91			\$998.73	
Family	\$1,793.47		\$1,648.68			\$1,319.56	

*Does not include routine vision exam

**MHCD treated as any other illness

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