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SharedFunding
A new approach to health care.

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Berkshire Local Schools

SharedFunding

Summary Plan Description

In- Network

Deductible	\$250 (single)/ \$500 (family)
Coinsurance	20%
Office Visits	20% after deductible
Prescriptions	20% after deductible
In-Patient	20% after deductible
Out-Patient	20% after deductible
Preventative	0% (not subject to deductible)
Emergency Room	20% after deductible
Urgent Care	20% after deductible
Maximum Out of Pocket	\$600 (single)/ \$1,200 (family)

Coinsurance is member's liability. Out of network claims are subject to out of network prices - see the Summary of Benefits and Coverage for description. This summary plan design is to illustrate the NETWORK benefits most often utilized.