HMO $250/500 Deductible/Copay Benefit Overview

DEFOREST AREA SCHOOL DISTRICT

Annual Deductible	$250/$500 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	$500/$1,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26

Physician Services	
Office Visit	$15 Copayment
Chiropractor Visits	$15 Copayment
Hearing Examination	$15 Copayment
Podiatry Services	$15 Copayment
Vision Services	$15 Copayment
Weight Loss/Nutritional Counseling	$15 Copayment

Hospital Services	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance

Emergency Services	
Emergency Room	$100 Copayment
Urgent Care	$15 Copayment
Ambulance	Subject to Deductible and Coinsurance

Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	$10/$25/$50 Copay
Value Tier	$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,350/$4,700

Behavioral Health	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	$15 Copayment
Other Mental Health Professional	$15 Copayment

Diagnostic Services	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	$150 Copayment
PET Scan	$150 Copayment
CAT Scan	$150 Copayment

Other Services	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	100% Coverage
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	$15 Copayment