



HMO \$3,000/6,000 High Deductible Benefit Overview

DEFOREST AREA SCHOOL DISTRICT

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| Annual Deductible | \$3,000/\$6,000 (Single/Family) |
| Coinsurance | 0% Coinsurance |
| Annual Maximum Out of Pocket | \$3,000/\$6,000 (Single/Family) |
| Lifetime Maximum | Unlimited |
| Annual Maximum for Essential Benefits | Unlimited |
| Preventive Services | Unlimited |
| Dependent Age | 26/26 |
| Physician Services | |
| Office Visit | Subject to Deductible and Coinsurance |
| Chiropractor Visits | Subject to Deductible and Coinsurance |
| Hearing Examination | Subject to Deductible and Coinsurance |
| Podiatry Services | Subject to Deductible and Coinsurance |
| Vision Services | Subject to Deductible and Coinsurance |
| Weight Loss/Nutritional Counseling | Subject to Deductible and Coinsurance |
| 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 | Subject to Deductible and Coinsurance |
| Urgent Care | Subject to Deductible and Coinsurance |
| Ambulance | Subject to Deductible and Coinsurance |
| Pharmacy Benefits | |
| Tier 1/Tier 2/Tier 3 | Subject to Deductible and Coinsurance |
| Max Out-of-Pocket (Single/Family) | Subject to Medical Max Out-of-Pocket |
| Behavioral Health | |
| Inpatient | Subject to Deductible and Coinsurance |
| Transitional | Subject to Deductible and Coinsurance |
| Outpatient | |
| Psychiatrist or Psychologist | Subject to Deductible and Coinsurance |
| Other Mental Health Professional | Subject to Deductible and Coinsurance |
| Diagnostic Services | |
| Lab | Subject to Deductible and Coinsurance |
| X-Ray | Subject to Deductible and Coinsurance |
| MRI/MRA Scan | Subject to Deductible and Coinsurance |
| PET Scan | Subject to Deductible and Coinsurance |
| CAT Scan | Subject to Deductible and Coinsurance |
| Other Services | |
| Anesthesia for Dental | Subject to Deductible and Coinsurance |
| Autism Spectrum Disorder | See Specific Benefit Category for Applicable Coverage |
| Durable Medical Equipment | Subject to Deductible and Coinsurance |
| 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 | Subject to Deductible and Coinsurance |
| Skilled Nursing Care Facility | Subject to Deductible and Coinsurance |
| Therapy Services | Subject to Deductible and Coinsurance |
| TMJ Benefits | Subject to Deductible and Coinsurance |

This Benefits Summary is intended to highlight the benefits provided in policy listed above. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.