



**Benefit Summary
Bangor School District
07/01/2023**

		Plan Benefits	
Network	Alliance/PHCS		
Plan Type	EPO - QHDHP		
Accumulation Type	Non-Embedded		
Benefit Accumulator	Plan Year		
	In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	N/A	
Coinsurance	100%	N/A	
Maximum Out of Pocket (Ded, Coins and Rx)	\$3,000/\$6,000	N/A	
Medical Benefits			
Inpatient Hospital	Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered	
Preventive Exam	100%/Ded Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%		
Mental Health/Subst. Abuse:			
Office Visit	PPO Deductible/100%		
Inpatient	Deductible/100%	Not Covered	
Outpatient	PPO Deductible/100%		
High Tech Imaging Coverage	Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered	
All Other Covered Medical Services	Deductible/100%	Not Covered	
Teladoc Benefits	PPO Deductible/100%		
Pharmacy Benefits			
Drug Plan Formulary	Generic	Preferred	Non-Preferred
Retail, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Retail, 31-90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Mail Order, 90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Specialty, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
	Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical		

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.