

This plan is offered by Quartz Health Benefit Plans Corporation



Schedule of Benefits

9083517 - HMO Deductible

Coverage Period: 7/1/2023 - 6/30/2024

Prepared for:

COCHRANE FOUNTAIN CITY

SCHOOL DISTRICT

Medical Benefits	
Annual Deductible	Single: \$4,000 per Benefit Year Family: \$4,000/individual or \$8,000/family per Benefit Year
Coinsurance	0% coinsurance
Annual Maximum Out-of-Pocket	Single: \$4,000 per Benefit Year Family: \$4,000/individual or \$8,000/family per Benefit Year
Preventive Services	No Charge
Dependent Age	26
Deductible Information	This plan has an embedded deductible. If you have other family members on the plan, each family member must meet their own Single Annual Deductible until the total amount of deductible expenses paid by all family members meets the Family Annual Deductible.
Out-of-Pocket Limit	If you have other family members on the plan, they each must meet the Single Annual Maximum Out-of-Pocket limit until the Family limit has been met. Manufacturer-funded cost-sharing assistance for your prescriptions will not be credited to your Annual Maximum Out-of-Pocket Limit.
HSA Qualified Plan	No
Prior Authorization	Prior authorization may be required for certain services. See www.QuartzBenefits.com/WIPAList or call (800) 362-3310 for additional information

Physician Services	
Office Visit	PCP: \$35 copay/visit; Specialist: \$70 copay/visit
Telehealth Services	Same as Office Visit
Virtual Visit	\$20 copay/visit
Chiropractor Visits	\$35 copay/visit
Hearing Examination	PCP: \$35 copay/visit; Specialist: \$70 copay/visit
Podiatry Services	PCP: \$35 copay/visit; Specialist: \$70 copay/visit
Vision Examination	\$35 copay/visit; One Routine Vision exam is covered with no charge

Hospital Services *	
General Inpatient	No charge after deductible
Delivery & Newborn Charges	No charge after deductible
Outpatient Services	No charge after deductible

Questions? Visit us at QuartzBenefits.com or call (800) 362-3310.

QA00997 (0522)

Tracking ID: C11PECSMX
HMO

Emergency Services	
Emergency Room	\$300 copay/visit
Emergency Room Waiver	Copay waived if admitted.
Urgent Care	\$100 copay/visit
Ambulance	No charge after deductible

Pharmacy Benefits	
Value Tier	\$5 Rx Outcomes
Generic/Preferred/Non-Preferred	\$10/\$35/\$60 copay
Tier 4	\$200 copay
Pharmacy Max Out-of-Pocket	\$2,350 Single/ \$4,700 Family per Benefit Year

Behavioral Health	
Inpatient	No charge after deductible
Transitional	No charge after deductible
Outpatient	\$35 copay/visit

Diagnostic Services	
Lab	No charge after deductible
X-Ray	No charge after deductible
MRI/MRA Scan	No charge after deductible
PET Scan	No charge after deductible
CAT Scan	No charge after deductible

Other Services	
Durable Medical Equipment	20% coinsurance
Home Health Care Services	No charge after deductible
Home Health Care Limit	60 visits per Benefit Year
Hospice Services	No charge after deductible
Skilled Nursing Care Facility	No charge after deductible
Skilled Nursing Care Limit	90 days per confinement
Therapy Services	No charge after deductible
Therapy Limit	40 visits combined for Physical, Speech, and Occupational therapy and Pulmonary Rehab
TMJ Benefits	PCP: \$35 copay/visit; Specialist: \$70 copay/visit

* Hospital Services – Includes daily hospital room and board, surgical, anesthesia and miscellaneous hospital services.