Lena Public School District
Benefit Summary
July 1, 2023

	Plan Benefits		
PPO Network	UHC Choice Plus		
Plan Type	EPO - QHDHP		
Accumulation Type	Non-Embedded		
Benefit Accumulator	Plan Year		
	In-Network	***Out-of-Network***	
Deductible	$1,500/$3,000	N/A	
Coinsurance	100%	N/A	
Total Maximum Out-of-Pocket (Ded., Coinsurance, Med Copays)	$1,500/$3,000	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%/Deductible 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 Inpatient Outpatient	 Deductible/100% Deductible/100% Deductible/100%	 PPO Deductible/100% Not Covered Not Covered	
High Tech Imaging Coverage	Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered	
Tooth Extraction/Replacement/Implant (Limit $1,500 per Benefit Period)	Deductible/100%	Not Covered	
Hearing Aids or Cochlear Implants	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.