Unity Health Insurance
Affiliated with UW Health

HMO Benefit Overview

DEFOREST AREA SCHOOL DISTRICT
HMO1-1

Annual Deductible	$0/$0 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	$4,600/$9,200 (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	100% Coverage
Delivery & Newborn Charges	100% Coverage
Outpatient Services	100% Coverage
Emergency Services	
Emergency Room	$100 Copayment
Urgent Care	$15 Copayment
Ambulance	100% Coverage
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	$10/$25/$50 Copay
Value Tier	$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,000/$4,000
Behavioral Health	
Inpatient	100% Coverage
Transitional	100% Coverage
Outpatient	
Psychiatrist or Psychologist	$15 Copayment
Other Mental Health Professional	$15 Copayment
Diagnostic Services	
Lab	100% Coverage
X-Ray	100% Coverage
MRI/MRA Scan	100% Coverage
PET Scan	100% Coverage
CAT Scan	100% Coverage
Other Services	
Anesthesia for Dental	100% Coverage
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	100% Coverage
Home Health Care Services	100% Coverage
Hospice Services	100% Coverage
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage
Skilled Nursing Care Facility	100% Coverage
Therapy Services	100% Coverage
TMJ Benefits	$15 Copayment

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POS Benefit Overview

DEFOREST AREA SCHOOL DISTRICT
POS1-1

	In-Network	Out-of-Network
Annual Deductible	$0/$0 (Single/Family)	$100/$200 (Single/Family)
Coinsurance	0% Coinsurance	10% Coinsurance
Annual Maximum Out of Pocket	$600/$1,200 (Single/Family)	$600/$1,200 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Physician Services		
Office Visit	$15 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits	$15 Copayment	Subject to Deductible and Coinsurance
Hearing Examination	$15 Copayment	No Benefit
Podiatry Services	$15 Copayment	Subject to Deductible and Coinsurance
Vision Services	$15 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	$15 Copayment	No Benefit
Hospital Services		
General Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	100% Coverage	Subject to Deductible and Coinsurance
Outpatient Services	100% Coverage	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	$100 Copayment	$100 Copayment
Urgent Care	$15 Copayment	Subject to Deductible and Coinsurance
Ambulance	100% Coverage	100% Coverage
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	$10/$25/$50 Copay	$10/$25/$50 Copay
Value Tier	$5 Rx Outcomes	$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,000/$4,000	$2,000/$4,000
Behavioral Health		
Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Transitional	100% Coverage	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	$15 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	$15 Copayment	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	100% Coverage	Subject to Deductible and Coinsurance
X-Ray	100% Coverage	Subject to Deductible and Coinsurance
MRI/MRA Scan	100% Coverage	Subject to Deductible and Coinsurance
PET Scan	100% Coverage	Subject to Deductible and Coinsurance
CAT Scan	100% Coverage	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	100% Coverage	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	
Durable Medical Equipment	100% Coverage	Subject to Deductible and Coinsurance
Home Health Care Services	100% Coverage	Subject to Deductible and Coinsurance
Hospice Services	100% Coverage	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	
Oral Surgery	100% Coverage	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	100% Coverage	Subject to Deductible and Coinsurance
Therapy Services	100% Coverage	Subject to Deductible and Coinsurance
TMJ Benefits	$15 Copayment	Subject to Deductible and Coinsurance

Unity Health Insurance
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PPO Benefit Overview

DEFOREST AREA SCHOOL DISTRICT
PPO1-1

	In-Network	Out-of-Network
Annual Deductible	$0/$0 (Single/Family)	$100/$200 (Single/Family)
Coinsurance	0% Coinsurance	10% Coinsurance
Annual Maximum Out of Pocket	$600/$1,200 (Single/Family)	$600/$1,200 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Physician Services		
Office Visit	$15 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits	$15 Copayment	Subject to Deductible and Coinsurance
Hearing Examination	$15 Copayment	Subject to Deductible and Coinsurance
Podiatry Services	$15 Copayment	Subject to Deductible and Coinsurance
Vision Services	$15 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	$15 Copayment	Subject to Deductible and Coinsurance
Hospital Services		
General Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	100% Coverage	Subject to Deductible and Coinsurance
Outpatient Services	100% Coverage	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	$100 Copayment	$100 Copayment
Urgent Care	$15 Copayment	Subject to Deductible and Coinsurance
Ambulance	100% Coverage	100% Coverage
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	$10/$25/$50 Copay	$10/$25/$50 Copay
Value Tier	$5 Rx Outcomes	$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,000/$4,000	$2,000/$4,000
Behavioral Health		
Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Transitional	100% Coverage	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	$15 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	$15 Copayment	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	100% Coverage	Subject to Deductible and Coinsurance
X-Ray	100% Coverage	Subject to Deductible and Coinsurance
MRI/MRA Scan	100% Coverage	Subject to Deductible and Coinsurance
PET Scan	100% Coverage	Subject to Deductible and Coinsurance
CAT Scan	100% Coverage	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	100% Coverage	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	
Durable Medical Equipment	100% Coverage	Subject to Deductible and Coinsurance
Home Health Care Services	100% Coverage	Subject to Deductible and Coinsurance
Hospice Services	100% Coverage	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	
Oral Surgery	100% Coverage	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	100% Coverage	Subject to Deductible and Coinsurance
Therapy Services	100% Coverage	Subject to Deductible and Coinsurance
TMJ Benefits	$15 Copayment	Subject to Deductible and Coinsurance