

FOCUS ON BENEFITS 2017 - 2018

Dodgeland School District

HEALTH PLAN SUMMARY

Effective July 1, 2017, we will continue to offer a health plan through Unity for all benefit-eligible employees (30 hours/week or more).

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other services, these plans require a deductible before eligible services are paid at 100%.



Unity's provider finder lets you easily search for doctors, dentists and pharmacies in your network. Use your preferences to scale down your search and find a provider that fits your needs.

	Unity HMO	Unity PPO	
	In-Network	In-Network	Out-of-Network
Deductible <i>per calendar year</i>	\$3,000 /single \$6,000/family	\$3,000 /single \$6,000/family	\$3,000 /single \$6,000/family
Out of Pocket Max <i>per calendar year</i>	\$3,000 /single \$6,000/family	\$3,000 /single \$6,000/family	\$6,000 /single \$12,000/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay \$0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use <i>Outpatient</i>	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Hospital	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs <i>Retail (31 day supply)</i>	You pay 0% after deductible	You pay 0% after deductible	
Generic Preferred Brand Non-Preferred Brand			
<i>Specialty Drugs</i>	You pay 0% after deductible	You pay 0% after the applicable in-network or out-of-network deductible	
<i>90 dayRx / Mail Order</i>	You pay 0% after deductible	You pay 0% after deductible	
Generic			
Preferred Brand Non-Preferred Brand			

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at 608.644.3430, 800.362.3310 or call the phone number on the back of your ID card or visit www.unityhealth.com.