



# HMO \$3,000/6,000 High Deductible Benefit Overview

DEFOREST AREA SCHOOL DISTRICT

Annual Deductible	\$3,000/\$6,000 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$3,000/\$6,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
<b>Physician Services</b>	
Office Visit	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance
Podiatry Services	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance
<b>Hospital Services</b>	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance
<b>Emergency Services</b>	
Emergency Room	Subject to Deductible and Coinsurance
Urgent Care	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance
<b>Pharmacy Benefits</b>	
Tier 1/Tier 2/Tier 3	Subject to Deductible and Coinsurance
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
<b>Behavioral Health</b>	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance
Other Mental Health Professional	Subject to Deductible and Coinsurance
<b>Diagnostic Services</b>	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance
<b>Other Services</b>	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	Subject to Deductible and Coinsurance

This Benefits Summary is intended to highlight the benefits provided in policy listed above. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.