



POS \$250/500 Benefit Overview

DEFOREST AREA SCHOOL DISTRICT

	In-Network	Out-of-Network
Annual Deductible	\$250/\$500 (Single/Family)	\$500/\$1,000 (Single/Family)
Coinsurance	0% Coinsurance	10% Coinsurance
Annual Maximum Out of Pocket	\$600/\$1,200 (Single/Family)	\$1,000/\$2,000 (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	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	\$100 Copayment	\$100 Copayment
Urgent Care	\$15 Copayment	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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)	\$2,350/\$4,700	\$2,350/\$4,700
Behavioral Health		
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance	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	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	\$150 Copayment	Subject to Deductible and Coinsurance
PET Scan	\$150 Copayment	Subject to Deductible and Coinsurance
CAT Scan	\$150 Copayment	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	100% Coverage	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage	10% Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
TMJ Benefits	\$15 Copayment	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.