

HMO \$250/500 Deductible/Copay Benefit Overview

DEFOREST AREA SCHOOL DISTRICT

Annual Deductible	\$250/\$500 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$500/\$1,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
Dependent Age	20/20
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
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Hospital Services	Subject to Deductible and Coincurance
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance
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Emergency Services	\$100 Canaymant
Emergency Room	\$100 Copayment
Urgent Care	\$15 Copayment
Ambulance	Subject to Deductible and Coinsurance
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Pharmacy Benefits	040/00F/0F0 O
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,350/\$4,700
Behavioral Health	
	Subject to Deductible and Coincurance
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	\$15 Copayment
Other Mental Health Professional	\$15 Copayment
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Diagnostic Services	Subject to Deductible and Cainavana
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	\$150 Copayment
PET Scan	\$150 Copayment
CAT Scan	\$150 Copayment
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Other Services	Subject to Deductible and Cainavana
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	100% Coverage
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	100% Coverage
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	\$15 Copayment
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