

# Your Summary of Benefits



## Dublin City Schools Health Savings Accounts with Anthem National Drug List Effective 01/01/2019

Covered Benefits	Network	Non-Network
<b>Deductible</b> Non-Embedded Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage.	Single: \$1,350 Family: \$2,700	Single: \$2,700 Family: \$5,400
<b>Out-of-Pocket Limit</b>	Single: \$2,600 Family: \$5,200	Single: \$5,200 Family: \$10,400
<b>Physician Home and Office Services</b> <ul style="list-style-type: none"> <li>Including Office Surgeries, allergy serum, allergy injections and allergy testing</li> </ul>	10%	30%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenigns and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No cost share	30%
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li><b>Emergency Room Services @ Hospital (facility/other covered services)</b> (copayment waived if admitted)</li> <li><b>Urgent Care Center Services</b></li> </ul>	10%	10%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	10%	30%
<b>Inpatient Facility Services (Network/Non-Network combined)</b> Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>Unlimited days for skilled nursing facility</li> </ul>	10%	30%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	10%	30%
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<p><b>Other Outpatient Services</b> including but not limited to:</p> <ul style="list-style-type: none"> <li>● Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>● Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined)</li> <li>● Durable Medical Equipment</li> <li>● Physical Medicine Therapy Day Rehabilitation programs</li> <li>● Hospice Care</li> <li>● Ambulance Services</li> </ul>	<p>10%</p>     <p>10%</p>     <p>10%</p>     <p>10%</p>	<p>30%</p>     <p>30%</p>     <p>10%</p>     <p>10%</p>
Accidental Dental Services	10%	30%
<p><b>Outpatient Therapy Services</b> (Combined Network &amp; Non-Network limits apply)</p> <ul style="list-style-type: none"> <li>● Physician Home and Office Visits</li> <li>● Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> <p>Physical Medicine Therapy Limits, Outpatient Therapy (excludes Autism Spectrum Disorder)- (Network and Non-network combined):</p> <ul style="list-style-type: none"> <li>● Cardiac Rehabilitation Unlimited visits</li> <li>● Pulmonary Rehabilitation Unlimited visits</li> <li>● Physical Therapy: 60 visits</li> <li>● Occupational Therapy: 30 visits</li> <li>● Manipulation Therapy: 20 visits</li> <li>● Speech Therapy: 20 visits</li> </ul> <p>Autism Spectrum Disorder Services Outpatient Therapy Limits under age 14 (Network and Non-network combined):</p> <ul style="list-style-type: none"> <li>● Occupational Therapy: 20 visits</li> <li>● Speech Therapy: 20 visits</li> <li>● Clinical Therapeutic Intervention services: 20 hours weekly</li> </ul>	<p>10%</p>     <p>10%</p>	<p>30%</p>     <p>30%</p>
<p><b>Behavioral Health Services:</b> <b>Mental Illness and Substance Abuse<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>● Physician Home and Office Visits</li> <li>● Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	Benefits provided in accordance with Federal Mental Health Parity	30%
<p><b>Human Organ and Tissue Transplants</b></p> <ul style="list-style-type: none"> <li>● Acquisition and transplant procedures, harvest and storage.</li> </ul>	10%	30%

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<b>Prescription Drugs</b> Anthem National Drug List <ul style="list-style-type: none"> <li> <b>Network Retail Pharmacies:</b>                (31-day supply)                Includes diabetic test strip             </li> <li> <b>Home Delivery Service:</b>                (90-day supply)                Includes diabetic test strip             </li> </ul> Specialty medications are limited up to a 31 day supply regardless of whether they are retail or mail service Member may be responsible for additional cost when not selecting the available generic drug	10%  10%	30% <sup>2</sup>  Not covered
<b>Medicare Rx - Wrap</b>		

## Notes:

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulate to the Medical OOP max. Once the Medical OOP max is met, no additional costshare applies.
- Network and Non-network **Deductible**, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Live Health Online (LHO) is covered at the PCP costshare.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Wigs limited to 1 per benefit period
- Vision limited services – additional vision services are covered when specifically coded as determination of refraction, routine ophthalmological examination including refraction for new and established patients, and a visual functional screening for visual acuity. No additional ophthalmological services are covered as part of the medical coverage.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

## Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

**Pre-existing Exclusion Period: none**

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

**This benefit overview is for illustrative purposes and some content may be pending Ohio Department of Insurance approval.**

# Your Summary of Benefits

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

## Language Access Services:

### Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5735.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

**(Arabic) (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 333-5735

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 333-5735

### Chinese

**(中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5735

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**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5735.

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### (Japanese) (日本語):

この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5735 にお電話ください。

## Language Access Services:

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5735 로 문의하십시오.

**(Navajo) (Din4):** D77 naaltsoos bik1'7g77 [ahgo b7na'7d7[kidgo n1 boh0n4edz3 d00 bee ah00t'i' t'11 ni nizaad k'ehj7 bee ni[ hodoonih t'1ladoo b33h 717n7g00. Ata' halne'7g77 [a' bich'8' hadeesdzih n7n7zingo koj8' hod77lnih (855) 333-5735.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5735.

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**(Russian) (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5735.

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