

# Marion CUSD #2

## Group Health Plan Benefit Summary - High Deductible Health Plan\*

<p>This is a brief summary of benefits. Please refer to your BlueCross booklet for details.</p>	<p><i>If you use a BlueCross PPO Contracted Provider:</i></p>
<p><b>Wellness/Preventive</b> - Routine physical exams, tests, screenings and immunizations for children and adults. <i>If you have symptoms or your visit or test is a follow up from previous treatment is it NOT Preventive. See benefits below.</i></p>	<p><b>No Deductible or Co-pay. Covered at 100%.</b> Covers school physicals. Females age 14+ covered for one physical exam <i>and</i> one gynecological exam per year.</p>
<p><b>Doctor's Office Visits</b> For the diagnosis or treatment of illness or injury</p>	
<p>Primary Care</p>	<p><b>100% coverage</b> after deductible is met</p>
<p>Specialist</p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Prescription Drugs</b> At participating Pharmacies or by Mail Order</p>	
<p>Generic Drugs</p>	<p><b>100% coverage</b> after deductible is met</p>
<p>Brand Name Drugs</p>	<p><b>100% coverage</b> after deductible is met</p>
<p>Specialty Drugs (may require prior authorization)</p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Calendar Year Deductible</b> - All Services other than wellness are subject to deductible.</p>	<p><b>\$6,550 Deductible</b> per Individual No more than \$13,100 in Deductibles per Family</p>
<p><b>Hospital Inpatient</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Hospital Outpatient</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Outpatient Surgical Center</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Emergency Room</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Urgent Care Center</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Diagnostic Tests</b> (Lab or X-ray)</p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Imaging</b> (such as CT or PET Scans, MRIs)</p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Physical, Occupational or Speech Therapy/ Chiropractic/ Rehabilitation</b> (Visit limits may apply. Please see booklet)</p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Medical Equipment</b></p>	<p><b>100% coverage</b> after deductible is met</p>
<p><b>Calendar Year Out of Pocket Limit</b> - this plan includes a limit on the amount you have to pay for covered services. The out of pocket limit equals the deductible. Once your deductible is met, coverage remains at 100% until Jan 1st of the following year.</p>	<p><b>Out of Pocket Limit</b> <i>(Medical &amp; Prescription Drug expenses combined):</i> <b>\$6,550</b> per Individual, no more than \$13,100 per Family</p>

\* This plan's benefits meet the IRS requirements to contribute to a Health Savings Account (HSA).

Please see your banker or financial advisor to discuss the tax advantages of setting up an HSA to pay for your out of pocket medical expenses.