

## Benefit Summary for USD 490 EI Dorado Blue Choice Comprehensive Major Medical Program

**October 1, 2015 – September 30, 2016**

**Renewal – Option 1 CMQ4**

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount. **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,\* deductible, coinsurance or copay amount. **Blue Choice:** Deductible, coinsurance or copay amount

\*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

<b>Member Pays</b>	
<b>Deductible</b> (Per group anniversary benefit period)	\$1,500/\$3,000 individual/two-or-more persons
<b>Coinsurance</b> (Member portion for most services)	20% of allowed amounts after deductible has been met
<b>Coinsurance Maximum</b>	\$2,500/\$5,000 individual/two-or-more persons
<b>Annual Out-of-Pocket Maximum</b> (includes copays, deductible and coinsurance)	\$6,350/\$12,700 individual/two-or-more persons After the annual out-of-pocket amount has been reached (deductible/coinsurance), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

<b>Doctor's office visits</b>	
Home and office visits	\$35 office visit copay
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: <ul style="list-style-type: none"> <li>• Routine screenings</li> <li>• Preventive immunizations</li> <li>• Well-woman visits/screenings</li> <li>• Contraceptive methods</li> </ul>

<b>Drug coverage</b>	
Prescription Drugs & Mail order	BlueRx Card \$15/\$30/\$45; Mail order is 2 ½ x copay

<b>Medical services</b>	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology/Advanced imaging	Pays at 100% of allowable charges up to a combined maximum of \$300 for each covered person, each benefit period
Emergency room	\$100 copay then subject to deductible/coinsurance
Accidental Injury Services	Pays 100% up to \$1,000 per person each benefit period, then subject to deductible/coinsurance

<b>Recovery/Special needs</b>	
Outpatient rehabilitation Hospice Home health care	Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance
<b>Mental health</b>	
<b>Mental/behavioral health</b> <b>Inpatient Services</b> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
<b>Outpatient Services</b>	\$35 office visit copay
<b>Other</b>	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

**Exclusions:**

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services or supplies related to sex transformations; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.

## Benefit Summary for USD 490 EI Dorado Blue Choice Comprehensive Major Medical Program

**October 1, 2015 – September 30, 2016**

**Renewal – CMR6 – Option 2**

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount. **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,\* deductible, coinsurance or copay amount. **Blue Choice:** Deductible, coinsurance or copay amount

\*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

<b>Member Pays</b>	
<b>Deductible</b> (Per group anniversary benefit period)	\$2,500/\$5,000 individual/two-or-more persons
<b>Coinsurance</b> (Member portion for most services)	20% of allowed amounts after deductible has been met
<b>Coinsurance Maximum</b>	\$2,500/\$5,000 individual/two-or-more persons
<b>Annual Out-of-Pocket Maximum</b> (includes copays, deductible and coinsurance)	\$6,350/\$12,700 individual/two-or-more persons After the annual out-of-pocket amount has been reached (deductible/coinsurance), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

<b>Doctor's office visits</b>	
Home and office visits	\$35 office visit copay
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: <ul style="list-style-type: none"> <li>• Routine screenings</li> <li>• Preventive immunizations</li> <li>• Well-woman visits/screenings</li> <li>• Contraceptive methods</li> </ul>

<b>Drug coverage</b>	
Prescription Drugs & Mail order	BlueRx Card \$100/\$200 then 50% coinsurance; Mail order is subject to retail deductible/coinsurance

<b>Medical services</b>	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology/Advanced imaging	Pays at 100% of allowable charges up to a combined maximum of \$300 for each covered person, each benefit period
Emergency room	\$100 copay then subject to deductible/coinsurance
Accidental Injury Services	Pays 100% up to \$1,000 per person each benefit period, then subject to deductible/coinsurance

<b>Recovery/Special needs</b>	
Outpatient rehabilitation Hospice Home health care	Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance
<b>Mental health</b>	
<b>Mental/behavioral health</b> <b>Inpatient Services</b> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
<b>Outpatient Services</b>	\$35 office visit copay
<b>Other</b>	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

**Exclusions:**

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services or supplies related to sex transformations; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.