Your Summary of Benefits

Anthem BlueCross BlueShield

Findlay City School District
Blue Access® (PPO) Original Plan
Effective 09/01/2017

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	None	$100/$200
Out-of-Pocket Limit (Single/Family)	$1,000/$1,100	$1,000/$1,100
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: o allergy injections (PCP and SCP) o allergy testing o MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products	$20/$20 No cost share No cost share No cost share	20% 20% 20% 20%
Preventive Care Services o Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No cost share	20%
Emergency and Urgent Care **Emergency Room Services** o **facility/other covered services** (copayment waived if admitted) **Urgent Care Center Services** o MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products o Allergy injections o Allergy testing	 $50 $20 No cost share No cost share No cost share	 $50 20% 20% 20% 20%
Inpatient and Outpatient Professional Services Include but are not limited to: o Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	No cost share	20%
Blue 8.0 500 Series		

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Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: • Unlimited days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) • Unlimited days for skilled nursing facility	No cost share	20%
Outpatient Surgery Hospital/Alternative Care Facility • Surgery and administration of general anesthesia	No cost share	20%
Other Outpatient Services including but not limited to: • Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. • Home Care Services Unlimited (excludes IV Therapy) (Network/Non-Network combined) • Durable Medical Equipment, Orthotics and Prosthetics • Physical Medicine Therapy Day Rehabilitation programs • Hospice Care • Ambulance Services	No cost share No cost share No cost share	20% No cost share No cost share
Outpatient Therapy Services (Combined Network & Non-Network limits) • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Cardiac Rehabilitation unlimited • Pulmonary Rehabilitation unlimited • Physical Therapy: 20 visits • Occupational Therapy: Unlimited • Manipulation Therapy: 20 visits network/10 visits non-network • Speech therapy: Unlimited	 $20/$20 No cost share	 20% 20%
Accidental Dental: unlimited per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	20%
Behavioral Health: **Mental Illness and Substance Abuse**[2] • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	 Benefits provided in accordance with Federal Mental Health Parity	 20%
Human Organ and Tissue Transplants[3] • Acquisition and transplant procedures, harvest and storage.	No cost share	20%

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Prescription Drugs **Network Tier structure equals 1/2/3**		
• **Network Retail Pharmacies:** (30-day supply) Diabetic test strips and diabetic supplies covered at no cost share at network pharmacy (no Rx copay)	$10 generic/$20 brand	20%[4]
• **Home Delivery Service:** (90-day supply) Diabetic test strips and diabetic supplies covered at no cost share at network pharmacy (no Rx copay)	$10 generic/$10 brand for 30 days/ $20 generic/$20 brand for 60 days/ $30 generic/$30 brand for 90 days	Not covered
Member may be responsible for additional cost when not selecting the available generic drug. Medicare Rx - Wrap **Specialty Medications** are limited up to a 30 day supply regardless of whether they are retail or mail service.		

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment & (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies
- Network and Non-network deductibles, 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. Children after the age of 26 who are unable to support themselves due to a physical or mental illness.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 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.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Live Health Online (LHO) is covered at the PCP costshare.
- Certain diabetic and asthmatic supplies, except diabetic test strips, have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies.
- Benefit period = calendar year
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- 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.
- Private Duty Nursing – limited to 82 visits/Calendar Year
- 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.