



## Child Development Services

Medical Benefits for Group 001AE1 Effective 7/1/2011

Calendar Year Out-of-Pocket Expenses	IN-NETWORK			OUT-OF-NETWORK		
	Contract Requirements	Employee Responsibility	HRA Reimbursement	Contract Requirements	Employee Responsibility	HRA Reimbursement
<b>CALENDAR YEAR DEDUCTIBLE</b>						
Single:	\$5,000	\$500	\$4,500	\$10,000	\$5,500	\$4,500
Family:	\$10,000	\$1,000	\$9,000	\$20,000	\$11,000	\$9,000
<b>MAXIMUM OUT OF POCKET</b> (including the deductible)						
Single:	\$7,000	\$2,500	\$4,500	\$14,000	\$9,500	\$4,500
Family:	\$14,000	\$5,000	\$9,000	\$28,000	\$19,000	\$9,000

### Wellness Benefits

Primary Care Physician	not required
Nutritional Counseling	100%
Weight Watchers (\$750 calendar year max)	100%
Gym Membership Reimbursement	100% to Monthly max of \$30
Smoking Cessation Clinics	100%
Massage Therapy (physician prescribed only - 36 visits per cal yr)	\$30 copay then 100%
Licensed Acupuncture (36 visits per calendar year)	\$30 copay then 100%

### Preventive Benefits

Preventive Care Office Visit (includes immunizations, office visit, routine exam, lab & x-rays)	100%	Not Covered
Well Child Care (includes immunizations, office visit, routine exam, lab & x-rays)	100%	50% after deductible
Routine Colonoscopy (Age 50+) 1 per person per cy	100%	50% after deductible
Routine Mammogram	100%	50% after deductible
Annual Pap Smear (1 per year)	100%	50% after deductible
Annual Prostate (1 per year)	100%	50% after deductible
Bone Density Screening (women age 60 and over)	100%	50% after deductible
Diabetes Self-Management	100%	50% after deductible

### Hospital Benefits

Hospital - Inpatient & Outpatient	70% after deductible	50% after deductible
Maternity	100%	50% after deductible
Diagnostic Testing	100%	50% after deductible
Complex Imaging	\$75 copay then 100%	50% after deductible
Emergency Room	\$75 copay then 100%	\$75 copay then 100%

### Mental Health and Substance Abuse

In-Patient	70% after deductible	50% after deductible
Out-Patient	\$10 copay then 100%	50% after deductible

### Other Services

Office Visit	\$10 copay then 100%	50% after deductible
Specialty Care Office Visit	\$20 copay then 100%	50% after deductible
Maternity	100%	50% after deductible
Private Duty Nursing	70% after deductible	50% after deductible
Skilled Nursing Facility (100 day calendar year max)	70% after deductible	50% after deductible
Home Health Care (100 visit calendar year max)	70% after deductible	50% after deductible
Hospice Care	70% after deductible	50% after deductible
Diagnostic X-ray & Lab	100%	50% after deductible
Chemo/Radiation Therapy	70% after deductible	50% after deductible
Physical, Speech & Occupational Therapy	\$10 copay then 100%	50% after deductible
DME	100%	50% after deductible
Ambulance	70% after deductible	70% deductible waived
Anesthesia	70% after deductible	50% after deductible
Allergy Injections	\$10 copay then 100%	50% after deductible
Cardiac Rehabilitation	70% after deductible	50% after deductible
Infertility Diagnosis (Treatment is not covered)	70% after deductible	50% after deductible
Spinal Manipulation (36 visits)	\$20 copay then 100%	50% after deductible
Routine Eye Exam (every two years)	\$10 copay then 100%	\$10 copay then 50% after ded.

### Caremark Pharmacy Benefits

Prescriptions: 30 day supply	\$15 Generic/\$20 Preferred Brand/\$35 Non Preferred Brand
31-90 day supply	\$30 Generic/\$40 Preferred Brand/\$70 Non Preferred Brand

**UTILIZATION REVIEW / HOSPITAL PRE-CERTIFICATION** is provided by Care Management Services (CMS). CMS can be contacted at 1-866-325-1550. Precertification must be obtained for all hospital admissions. Failure to precertify may result in a reduction of benefits.

**NOTE:** 1) Deductible and co-insurance are per calendar year. 2) Copays do not accumulate towards the out-of-pocket. 3) In-network physicians accept the maximum allowable charges and do not balance bill. 4) Out-of network physicians may require payment up front and may balance bill amounts over reasonable and customary.

*This summary does not describe all terms, conditions and limitations.*