

STARK COUNTY SCHOOLS COUNCIL OF GOVERNMENTS

HEALTH CARE CONSORTIUM

SCHEDULE OF BENEFITS

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER	MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PLAN PROVISIONS			PRESCRIPTION DRUG PROGRAM (see benefit booklet)		
Lifetime Maximum	Unlimited	Unlimited	Patient pays 20%	Mandatory maintenance mail order	Mandatory generic
Annual Deductible	\$250/person* \$500/family	\$500/person** \$1,000/family	PREVENTIVE CARE		
Coinsurance Out-of-Pocket Limit (Excluding Deductible)	\$750/person \$1,500/family	\$1,500/person \$3,000/family	Eligible preventive services have been determined by recommendations and comprehensive guidelines of governmental scientific committees and organizations. For further details, refer to your benefit book or Summary Benefit Plan (SPD), or call your plan at the phone number shown on your ID card.		
Maximum Out-of-Pocket Limit (Sum of Deductible and Coinsurance)	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	Routine Physical Exam (one per calendar year)	100%	80%**
CARE-IN-HOSPITAL			Prostate Screening (one per calendar year)	100%	80%**
Semi-Private Room	90%*	80%**	Adult Immunization	100%	80%**
Surgery	90%*	80%**	Routine GYN Exam (two per calendar year)	100%	80%**
Anesthesia	90%*	80%**	Routine Mammography (one per calendar year)	100%	80%**
In-hospital (medical)	90%*	80%**	Pap Test (one per calendar year)	100%	80%**
X-Ray and Radioactive Therapy	90%*	80%**	Well Child Care (including immunizations - up to 21 years of age)	100%	80%**
Respiratory Therapy	90%*	80%**	Colon Cancer Screening (beginning at 50 years of age)	100%	80%**
Acute Kidney Dialysis	90%*	80%**	PHYSICIAN'S OFFICE		
Diagnostic Lab/X-Ray	90%*	80%**	Allergy Testing/Injections	90%*	80%**
Emergency Care of accident/acute life threatening illness (Emergency Room Facility)	90%*	90%**	Visits for illness	90%*	80%**
Non -Emergency Care (Emergency Room Facility)	90%*	80%**	Emergency Care	90%*	80%**
Surgical Assistance	90%*	80%**	Minor Surgery	90%*	80%**
Pre-Admission Testing	90%*	80%**	Diagnostic Testing	90%*	80%**
AS AN OUTPATIENT			Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Lab/X-Ray/Diagnostic Services	90%*	80%**	Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Same Day Surgery	90%*	80%**	Respiratory Therapy	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**	AFFILIATES		
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**	Chiropractors	90%*	80%**
Respiratory Therapy	90%*	80%**	Podiatrists	90%*	80%**
MATERNITY CARE			PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.		
Inpatient Care	90%*	80%**	* An annual deductible of \$250 per person/\$500 per family is applied first before any benefits are paid to Network Providers. Coinsurance is subject to an annual maximum of \$750 per person/\$1,500 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.		
Outpatient Care	90%*	80%**	** An annual deductible of \$500 per person/\$1,000 per family is applied first before any benefits are paid to Non-Network Providers. Benefit payments for Non-Network Provider services are based on an Allowed Amount. Coinsurance is subject to an annual maximum of \$1,500 per person/\$3,000 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.		
MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE			The age limit for an eligible dependent child is the end of month which the child attains age 26 or age 28 providing the child has applied and met all eligibility requirements. Dental and Vision plans have different dependent eligibility requirements. See Dental and Vision plan summaries for details.		
Inpatient Care	90%*	80%**			
Outpatient Care	90%*	80%**			
OTHER SERVICES					
Home Health Care (Plan Approval Required)	90%*	80%**			
Hospice Care (Plan Approval Required)	90%*	80%**			
Skilled Nursing (Plan Approval Required)	90%*	80%**			
Durable Medical	90%*	80%**			
Ambulance	80%* (after network deductible)				
Allergy Extracts	80%* (after network deductible)				

Preventive Care Benefits and Services

Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

Newborn Care (Birth to Age 1)

- Newborn screenings, including sickle cell anemia
- Screening for heritable diseases
- Gonorrhea prophylaxis

Child Preventive Care (Birth to Age 21)

- Well Child Exam (including lab services)
- Vision screening
- Hearing screening
- Dental caries prevention
- Developmental and behavioral assessments
- Lead exposure screening
- Iron deficiency anemia screening
- Tuberculosis screening
- Cervical dysplasia screening
- Cholesterol and lipid level screening
- Depression screening
- Screening and counseling for obesity
- Behavioral counseling to promote healthy diet
- Screening and counseling for sexually transmitted infections

Child Immunizations

- Hepatitis A and B
- Diphtheria, Tetanus, Pertussis (DtaP)
- Varicella (chicken pox)
- Influenza (flu shot)
- Pneumococcal vaccine (pneumonia)
- Human Papilloma Virus (HPV)
- Haemophilus influenza type B (HIB)
- Polio
- Measles, Mumps Rubella (MMR)
- Meningococcal vaccine
- Rotavirus

Adult Preventive Care (Age 21 and older)

- Routine Physical Exam
- Cholesterol and lipid level screening
- Depression screening
- Diabetes screening
- Sexually transmitted diseases screening
- HIV screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy (beginning at 50 years of age)
- High blood pressure screening

Counseling and Education Interventions

- Screening and counseling for obesity
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease
- Screening and behavioral counseling related to tobacco abuse
- Screening and behavioral counseling related to alcohol abuse

Adult Immunizations

- Hepatitis A and B
- Tetanus, Diphtheria, Pertussis (td, Tdap)
- Influenza (flu shot)
- Pneumococcal vaccine (pneumonia)
- Human Papilloma Virus (HPV)
- Measles, Mumps, Rubella (MMR)
- Meningococcal vaccine
- Herpes Zoster (shingles)

Women's Services

- Well women visits
- HPV DNA Testing
- Cervical cancer screening (Pap test)
- Breast cancer screening (Mammography)
- Discussion of chemoprevention with women at high risk for breast cancer
- Bone density test to screen for osteoporosis in females
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV)
- Breast and ovarian cancer susceptibility screening
- Primary care intervention to promote breastfeeding
- Breastfeeding counseling and breast pumps
- Up to 20 visits for lactation classes
- FDA-approved contraception methods for women, including sterilization
- Screening and counseling for interpersonal and domestic violence

These recommendations are for your information only. They are not intended to be, and should not substitute for, professional medical advice, diagnosis or treatment from your treating medical professional. Decisions about care need to be individualized and should be made in concert with treating medical professionals. The information provided does not establish or imply coverage for any particular treatment or service. Any recommended treatment or service may not be covered. Eligibility and coverage depend on the specific terms and conditions of your benefit plan.