

Richfield Public Schools ISD #280

PREFERREDONE INSURANCE COMPANY COVERAGE IF PROVIDERS ARE:

	PARTICIPATING PROVIDER <i>These benefits apply for health services provided by Participating providers</i>	NON-PARTICIPATING PROVIDER¹ <i>These benefits apply for health services provided by Non-Participating providers</i>
Individual Contract		
■ Calendar Year Deductible	\$2,700 per individual contract combined for participating and non-participating provider per calendar year	\$3,950 per individual contract combined for participating and non-participating provider per calendar year
■ Calendar Year Out-of-Pocket Limit	\$2,700 per individual contract for participating provider per calendar year; \$7,900 per individual contract combined for participating and non-participating provider per calendar year	
■ Lifetime Benefit Maximum	Unlimited	

- OR -

Family Contract		
■ Calendar Year Deductible	\$5,400 per family contract (\$2,700 per family member) combined for participating and non-participating provider per calendar year	\$7,900 per family contract (\$3,950 per family member) combined for participating and non-participating provider per calendar year
■ Calendar Year Out-of-Pocket Limit	\$5,400 per family contract (\$2,700 per family member) for participating provider per calendar year (There is no family member out-of-pocket limit for combined services for participating and non-participating providers)	
■ Lifetime Benefit Maximum	Unlimited	

PARTIAL LISTING OF HEALTH SERVICES

Preventive Health Care Services		
■ As defined by PAS and required by the Affordable Care Act and its amendments or rules to coverages such as preventive exams, immunization and cancer screenings.	Covered 100% (deductible does not apply)	Covered 70% after deductible
■ Prenatal/ Postnatal	Covered 100% (deductible does not apply)	Covered 100% (deductible does not apply)
Office Visits		
■ Sickness or injury	Covered 100% after deductible	Covered 70% after deductible
■ Web- based care	Covered 100% after deductible	Not Covered
■ Convenience care	Covered 100% after deductible	Covered 70% after deductible
■ Urgent Care Center Visits	Covered 100% after deductible	Covered same as participating provider benefit
■ Chiropractic services	Covered 100% after deductible	Covered 70% after deductible (coverage limited to 15 visits per member per calendar year)
■ Allergy injections	Covered 100% (deductible does not apply)	Covered 70% after deductible
Hospital Services		
■ Outpatient services	Covered 100% after deductible	Covered 70% after deductible
■ Inpatient services	Covered 100% after deductible	Covered 70% after deductible*
Emergency Care		
■ Hospital emergency room	Covered 100% after deductible	Covered same as participating provider benefit
■ Emergency ambulance	Covered 100% (deductible does not apply)	Covered same as participating provider benefit

¹ For non - participating providers, in addition to any deductibles and coinsurance, member pays all charges that exceed the usual and customary amount.

PREFERREDONE INSURANCE COMPANY COVERAGE IF PROVIDERS ARE:

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER¹
Prescription Drugs		
<ul style="list-style-type: none"> Up to a 31-day supply of prescription drugs or one type of insulin. 	<p>Preferred Pharmacy Network Generic: member pays \$7 Preferred brand: member pays \$11 Non-preferred brand: member pays \$26</p> <p>Non-preferred pharmacies Generic: member pays \$13 Preferred brand: member pays \$22 Non-preferred brand: member pays \$44 (deductible does not apply)</p>	<p>Preferred and non-preferred drugs from non-participating pharmacies: Member pays the greater of 40% or \$26 (deductible does not apply)</p>
<ul style="list-style-type: none"> Mail order drugs for up to a 93-day supply. 	<p>Preferred Pharmacy Network Generic: member pays \$14 Preferred brand: member pays \$22 Non-preferred brand: member pays \$52</p>	<p>Not applicable</p>
<ul style="list-style-type: none"> Specialty drugs/ injectable drugs 	<p>Member pays 20% to a maximum of \$200 per prescription (deductible does not apply)</p>	<p>Covered 60% after deductible</p>
Mental Health and Substance Related Disorder Services		
<ul style="list-style-type: none"> Office visits 	<p>Covered 80% for individual therapy or 90% for group therapy (deductible does not apply)</p>	<p>Covered 70% after deductible</p>
<ul style="list-style-type: none"> Outpatient 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible</p>
<ul style="list-style-type: none"> Inpatient 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible*</p>
Durable Medical Equipment and Prosthetics		
<ul style="list-style-type: none"> Durable medical equipment & Prosthetics 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible**</p>
Home Health Services		
<ul style="list-style-type: none"> Home health care as an alternative to facility or clinic based care 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible</p>
<ul style="list-style-type: none"> One well-child visit within four days of early discharge from hospital due to birth of newborn 	<p>Covered 100% (deductible does not apply)</p>	<p>Covered 70% after deductible</p>
Skilled Nursing Facility Services		
<ul style="list-style-type: none"> Skilled rehabilitation, including room and board 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible* (coverage limited to 120 days per member per calendar year for all inpatient services combined)</p>
<ul style="list-style-type: none"> Daily skilled care as an alternative to hospital confinements 	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible</p>
Physical, Occupational and Speech Therapy	<p>Covered 100% after deductible</p>	<p>Covered 70% after deductible</p>

Also included with your PreferredOne Benefits:

- Fitness Advantage - Discounts at participating fitness facilities
- Midwest EAP - Employee Assistance Program
- Member Discount Programs
- Online Health Assessment
- Case Management Services
- Chronic Conditions Management

* Pre - certification required; failure to obtain pre - certification may result in a reduction of non - participating provider benefits; call Customer Service.

**Prior authorization recommended when eligible charges may exceed \$5,000; call Customer Service.

This brochure summarizes your PAS benefit coverage. If there is a discrepancy between information in this summary and your Summary Plan Description (SPD), the SPD will take precedence in determining your benefits. For a complete description of benefits and exclusions, read your Summary Plan Description. Medical policies and pharmacy services information are available at PreferredOne.com. Please contact Customer Service at 763.847.4477 (Twin Cities area), 1.800.997.1750 (outside the metro area) or 763.847.4013 (TTY) for more information.