

# 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
<b>PLAN PROVISIONS</b>			<b>PRESCRIPTION DRUG PROGRAM</b>		
Lifetime Maximum	Unlimited	Unlimited	Patient pays 20% up to \$750/single – \$1,500/family Mandatory maintenance mail order Mandatory generic		
Annual Deductible	\$8,150/person* \$16,300/family	\$16,300/person** \$32,600/family	<b>PREVENTIVE CARE</b>		
Coinsurance Out-of-Pocket Limit (Excluding Deductible)	\$0/person \$0/family	\$16,300/person \$32,600/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)	\$8,150/person \$16,300/family	\$32,600/person \$65,200/family	Routine Physical Exam (one per calendar year)	100%	50%**
<b>CARE-IN-HOSPITAL</b>			Prostate Screening (one per calendar year)	100%	50%**
Semi-Private Room	100%* (after deductible)	50%**	Adult Immunization	100%	50%**
Surgery	100%* (after deductible)	50%**	Routine GYN Exam (two per calendar year)	100%	50%**
Anesthesia	100%* (after deductible)	50%**	Routine Mammography (one per calendar year)	100%	50%**
In-hospital (medical)	100%* (after deductible)	50%**	Pap Test (one per calendar year)	100%	50%**
X-Ray and Radioactive Therapy	100%* (after deductible)	50%**	Well Child Care (including immunizations-up to 21 years of age)	100%	50%**
Respiratory Therapy	100%* (after deductible)	50%**	Colon Cancer Screening (beginning at 50 years of age)	100%	50%**
Acute Kidney Dialysis	100%* (after deductible)	50%**	<b>PHYSICIAN'S OFFICE</b>		
Diagnostic Lab/X-Ray	100%* (after deductible)	50%**	Allergy Testing/Injections	100%* (after deductible)	50%**
Emergency Care of accident/acute life threatening illness (Emergency Room Facility)	100%* (after deductible)		Visits for Illness	100%* (after deductible)	50%**
Non -Emergency Care (Emergency Room Facility)	(not covered)		Emergency Care	100%* (after deductible)	50%**
Surgical Assistance	100%* (after deductible)	50%**	Minor Surgery	100%* (after deductible)	50%**
Pre-Admission Testing	100%* (after deductible)	50%**	Diagnostic Testing	100%* (after deductible)	50%**
<b>AS AN OUTPATIENT</b>			Speech/Occupational Therapy (illness/injury related)	100%* (after deductible)	50%**
Lab/X-Ray/Diagnostic Services	100%* (after deductible)	50%**	Physical/Rehabilitative Therapy (illness/injury related)	100%* (after deductible)	50%**
Same Day Surgery	100%* (after deductible)	50%**	Respiratory Therapy	100%* (after deductible)	50%**
Speech/Occupational Therapy (illness/injury related)	100%* (after deductible)	50%**	<b>MATERNITY CARE</b>		
Physical/Rehabilitative Therapy (illness/injury related)	100%* (after deductible)	50%**	100%* (after deductible) 50%**		
Respiratory Therapy	100%* (after deductible)	50%**	<b>MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE</b>		
<b>MATERNITY CARE</b>			100%* (after deductible) 50%**		
<b>MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE</b>			100%* (after deductible) 50%**		
Inpatient Care Based on corresponding medical benefits	100%* (after deductible)	50%**	<b>OTHER SERVICES</b>		
Outpatient Care Based on corresponding medical benefits	100%* (after deductible)	50%**	Home Health Care (Plan Approval Required)	100%* (after deductible)	50%**
<b>OTHER SERVICES</b>			Hospice Care (Plan Approval Required)	100%* (after deductible)	50%**
Home Health Care (Plan Approval Required)	100%* (after deductible)	50%**	Skilled Nursing (Plan Approval Required)	100%* (after deductible)	50%**
Hospice Care (Plan Approval Required)	100%* (after deductible)	50%**	Durable Medical	100%* (after deductible)	50%**
Skilled Nursing (Plan Approval Required)	100%* (after deductible)	50%**	Ambulance	100%* (after deductible)	50%**
Durable Medical	100%* (after deductible)	50%**			
Ambulance	100%* (after deductible)	50%**			

**PRESCRIPTION DRUG PROGRAM**  
Patient pays 20% up to \$750/single – \$1,500/family  
Mandatory maintenance mail order  
Mandatory generic

**PREVENTIVE CARE**  
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.

Routine Physical Exam (one per calendar year)	100%	50%**
Prostate Screening (one per calendar year)	100%	50%**
Adult Immunization	100%	50%**
Routine GYN Exam (two per calendar year)	100%	50%**
Routine Mammography (one per calendar year)	100%	50%**
Pap Test (one per calendar year)	100%	50%**
Well Child Care (including immunizations-up to 21 years of age)	100%	50%**
Colon Cancer Screening (beginning at 50 years of age)	100%	50%**

<b>PHYSICIAN'S OFFICE</b>		
Allergy Testing/Injections	100%* (after deductible)	50%**
Visits for Illness	100%* (after deductible)	50%**
Emergency Care	100%* (after deductible)	50%**
Minor Surgery	100%* (after deductible)	50%**
Diagnostic Testing	100%* (after deductible)	50%**
Speech/Occupational Therapy (illness/injury related)	100%* (after deductible)	50%**
Physical/Rehabilitative Therapy (illness/injury related)	100%* (after deductible)	50%**
Respiratory Therapy	100%* (after deductible)	50%**

<b>AFFILIATES</b>		
Chiropractors	100%* (after deductible)	50%**
Podiatrists	100%* (after deductible)	50%**

**PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.**  
\* An annual deductible of \$8,150 per person/\$16,300 per family is applied first before any benefits are paid to Network Providers. Once you have satisfied the deductible, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.

\*\* An annual deductible of \$16,300 per person/\$32,600 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 \$16,300 per person/\$32,000 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.

**The age limit for an eligible dependent child is the end of month which the child attains age 26.**

# Preventive Care 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.**

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## Child Preventive Care (Birth to Age 21)

- Preventive Physical Exams
- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol and lipid level screening
- Dental cavities prevention (including application of fluoride varnish to all primary teeth)
- Depression screening
- Development and psycho-social behavioral assessments
- Hearing screening for newborns
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Screening and behavioral counseling related to tobacco and drug use
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision screening

## Child Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenza type B
- Hepatitis A and Hepatitis B
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)

## Adult Preventive Care (Age 21 and older)

- Preventive Physical Exams
- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol and lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy
- Depression screening
- Diabetes screening
- Hepatitis B screening if at high risk for infections
- Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening and counseling for sexually transmitted infections
- Screening for lung cancer
- Tuberculosis Screening

## Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening and behavioral counseling to reduce alcohol abuse
- Screening and behavioral counseling related to tobacco use
- Screening and nutritional counseling for obesity

## Adult Immunizations

- Hepatitis A and Hepatitis B
- Herpes Zoster (shingles)
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Tetanus, Diphtheria, Pertussis

## Women's Services

- Breast and ovarian cancer susceptibility screening counseling and testing (including BRCA testing)
- Breast cancer screening (mammogram)
- Breast feeding counseling and rental of breast pumps and supplies up to the purchase price
- Bone density test to screen for osteoporosis
- Cervical cancer screening (Pap test)
- Chlamydia screening
- Discussion of chemoprevention with women at high risk for breast cancer
- FDA-approved contraception methods and counseling for women, including sterilization
- HPV DNA testing
- Lactation classes
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes)
- Prenatal services
- Primary care intervention to promote breastfeeding
- Screening and counseling for interpersonal and domestic violence
- Well woman visits

## Prescription Drugs

- Aspirin
- Colonoscopy preparations
- Contraceptives
- Fluoride (to age 6)
- Folic acid
- HIV pre-exposure PrEP
- Medication to reduce the risk of primary breast cancer in women
- Tobacco cessation aids

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act). For plan years beginning on or after September 23, 2010, non-grandfathered health plans must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Futures, endorsed by the American Academy of Pediatrics. Please note: Some services and products may be subject to age, gender or other restrictions and are subject to change. Refer to [USPreventiveServicesTaskForce.org](http://USPreventiveServicesTaskForce.org) or [Healthcare.org](http://Healthcare.org) for details. In addition, some prescription drugs or services may be subject to medical management techniques, such as prior authorization, quantity limits, etc.

If these services are performed by a network provider, members cannot be charged a coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.