

# Medical Benefits Plan Design - Lucent Health Solutions

**GOOD NEWS - 9 YEARS IN A ROW WITH NO CHANGES IN PREMIUMS!**

	HRA FUND		IN-NETWORK PLUS	BASIC PLAN	
	IN-NETWORK	OUT-OF-NETWORK		IN-NETWORK	OUT-OF-NETWORK
<b>WELLNESS (Routine Care)</b>					
Physical Exams	100%	Not Covered	100%	100% (No Ded)	Not Covered
Well Child Care Including Immunizations	100%	Not Covered	100%	100% (No Ded)	Not Covered
Mammogram (Test and Reading)	100%	50% (Ded)	100%	100% (No Ded)	50% (Ded)
Pap Smears (Test and Reading)	100%	50% (Ded)	100%	100% (No Ded)	50% (Ded)
Prostate Blood Test (Test and Reading)	100%	50% (Ded)	100%	100% (No Ded)	50% (Ded)
Fecal Occult Screening (Test and Reading)	100%	50% (Ded)	100%	100% (No Ded)	50% (Ded)
Annual Health Fund Provided to Employees and Dependents.**	\$500 Individual \$750 Individual plus one \$1,000 Family		Not Applicable	Not Applicable	
<b>MAJOR MEDICAL</b>					
<b>Deductible (Ded)*</b>	<b>\$1,500/Individual</b> <b>\$2,250/Individual plus one</b> <b>\$3,000/Family</b>	<b>\$3,000/Individual</b> <b>\$4,500/Individual plus one</b> <b>\$6,000/Family</b>	<b>None</b> <b>None</b> <b>None</b>	<b>\$500/Individual</b> <b>\$750/Individual plus one</b> <b>\$1,000/Family</b>	<b>\$1,000/Individual</b> <b>\$1,500/Individual plus one</b> <b>\$2,000/Family</b>
Plan Payment (Coinsurance)	80%	50%	100%	80%	50%
<b>Out-of-Pocket Maximum*</b>	<b>\$4,500/Individual</b> <b>\$8,000/Individual plus one</b> <b>\$11,500/Family</b>	<b>\$11,500/Individual</b> <b>\$22,500/Individual plus one</b> <b>\$32,500/Family</b>	<b>\$2,500/Individual</b> <b>\$4,000/Indiv. plus one</b> <b>\$5,500/Family</b>	<b>\$3,500/Individual</b> <b>\$6,000/Individual plus one</b> <b>one \$8,500/Family</b>	<b>\$8,500/Individual</b> <b>\$16,000/Individual plus one</b> <b>\$23,500/Family</b>
(Including Deductible)					
Lifetime Maximum per Family Member	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>HOSPITAL BENEFITS</b>					
Hospital Copay	N/A	N/A	<b>\$500 per admission</b>	N/A	N/A
Out-Patient	80% (Ded)	50% (Ded)	<b>\$250 per visit</b>	80% (Ded)	50% (Ded)
Emergency Room	80% (Ded) (Waived If Admitted) Medical Emergency	80% (Ded) (Waived If Admitted) Medical Emergency	<b>\$150 per visit</b> Medical Emergency	<b>100% (\$150 Copay &amp; Ded)</b> Medical Emergency (Waived If Admitted)	100% (\$150 Copay & Ded) Medical Emergency (Waived If Admitted)
<b>SURGICAL BENEFITS</b>					
In-Patient	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)
Out-Patient	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)
<b>PHYSICIAN'S OFFICE VISIT</b>	80% (Ded)	50% (Ded)	<b>100%; \$25 Copay</b>	<b>100%; \$30 Copay</b>	50% (Ded)
<b>SPECIALIST OFFICE VISIT</b>	80% (Ded)	50% (Ded)	<b>100%; \$40 Copay</b>	<b>100%; \$40 Copay</b>	50% (Ded)
<b>DIAGNOSTIC X-RAY &amp; LABORATORY SERVICES</b>	80% (Ded)	50% (Ded)	100%	100% (No Ded)	50% (Ded)
<b>PRESCRIPTION DRUG CARD (Copay)</b>	<b>\$10 Generic</b> <b>\$25 Preferred</b> <b>\$50 Non-Preferred</b>	50% (Ded) 50% (Ded) 50% (Ded)	<b>\$10 Generic</b> <b>\$25 Preferred</b> <b>\$50 Non-Preferred</b>	<b>\$10 Generic</b> <b>\$25 Preferred</b> <b>\$50 Non-Preferred</b>	50% (Ded) 50% (Ded) 50% (Ded)
<b>MENTAL/NERVOUS &amp; SUBSTANCE ABUSE</b>					
<b>In-Patient</b>	80% (Ded)	50% (Ded)	<b>\$500 per admission</b>	80% (Ded)	50% (Ded)
<b>Physician Office Visit</b>	80% (Ded)	50% (Ded)	<b>\$40 copay per visit</b>	<b>100%; \$40 Copay</b>	50% (Ded)
<b>Out-Patient</b>	80% (Ded)	50% (Ded)	<b>\$40 copay per visit</b>	80% (Ded)	50% (Ded)
<b>ADDITIONAL MEDICAL BENEFITS</b>					
Pre-Admission Testing	80% (Ded)	50% (Ded)	100%	100% (No Ded)	100% (No Ded)
Physical Therapies including Chiropractic	80% (Ded)	50% (Ded)	100%; \$40 copay	<b>100%; \$40 Copay</b>	50% (Ded)
Home Health Care (Pre-certification)	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)
Extended Care Facility (Pre-certification)	80% (Ded) 60 Days Cal. Yr. Max.	50% (Ded) 60 Days Cal. Yr. Max.	100%	100% (No Ded) 60 Days Cal. Yr. Max.	100% (No Ded) 60 Days Cal. Yr. Max.
Hospice (Pre-certification)	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)
Urgent Care	80% (Ded)	50% (Ded)	<b>\$7 per visit</b>	<b>100% (\$75 Copay &amp; Ded)</b>	<b>100% (\$75 Copay &amp; Ded)</b>
Ambulance Services	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)
Medical Supplies and Durable Equipment	80% (Ded)	50% (Ded)	100%	80% (Ded)	50% (Ded)

\*Deductibles and Out of Pocket Expenses Accumulate on a calendar year basis.

\*\*The HRA Fund pays at the front end of the deductible and can be used beginning September 1 through August 31. Any funds remaining at the end of the Plan Year do not roll over to the new Plan Year.

Please note that the fund cannot exceed 100% of the total deductible.

The plan document is the governing document; therefore any discrepancies which may be found are not binding. The Plan Document may be found by going to your district's Employee Portal and looking under "Documents/Links".