

**DAVENPORT COMMUNITY SCHOOL DISTRICT  
MEDICAL SUMMARY OF BENEFITS**

**Wellmark Blue PPO: Medical Claim and Benefit Questions (800) 524-9242**

In-Network Provider Inquiries (800) 810-2583 & Pre-Certification Services - (800) 558-4409

**MedOne: Prescription Claim and Benefit Questions - (866) 335-9057**

<i>Feature</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual Deductible	\$1,000	\$2,000
Family Deductible	\$2,000	\$4,000
Individual Out-of-Pocket Maximum	\$3,000	\$6,000
Family Out-of-Pocket Maximum	\$6,000	\$12,000
Physician Office Visit	\$20 copayment	60% after deductible
Specialty Physician Office Visit	\$40 copayment	60% after deductible
Physician Surgical Procedures:		
Office	80% no deductible	60% after deductible
Outpatient	80% no deductible	60% after deductible
Inpatient	80% no deductible	60% after deductible
Hospital Services:		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Emergency	80% after deductible	60% after deductible
Home Health, Outpatient PT, DME, Emergency Ambulance Services	80% after deductible	60% after deductible
Diagnostic X-Ray and Lab	80% no deductible	60% after deductible
Mental Health:		
Inpatient Hospital/Physician	80% after deductible	60% after deductible
Outpatient Facility/Physician	80% no deductible	60% after deductible
Physician Office	\$20 copayment	60% after deductible
Specialty Physician Office	\$40 copayment	60% after deductible
Substance Abuse:		
Inpatient Hospital/Physician	80% after deductible	60% after deductible
Outpatient Facility/Physician	80% after deductible	60% after deductible
Physician Office	\$20 copayment	60% after deductible
Specialty Physician Office	\$40 copayment	60% after deductible
Physician Services Preventive:		
Routine Physicals	\$20 copayment	Not Covered
Well Child Care	\$20 copayment	Through age 6: 60% coinsurance; Age 7 and older not covered.
Immunizations	100%	Through age 6: 60% coinsurance; Age 7 and older not covered.
Chiropractic	\$20 copayment	80% no deductible
RX Prescription Drug:		
Retail Generic/Brand 30 day	\$12/\$20/\$25 copayment	Does Not Apply
Mail Order Generic/Brand 90 day supply	\$15/\$40/\$40 copayment	Does Not Apply

*Office copayments, deductible payments and coinsurance payments will apply to the maximum out-of-pocket levels with the exception of prescription drug copayments. Copayments do not apply to the annual deductibles. Maximum out-of-pocket for In-Network and Out-of-Network are separate accumulations.*

**This is a brief Summary of Benefits only;  
for more details, please refer to the Summary Plan Description (Wellmark Booklet)  
located at <http://www.davenportschools.org/our-departments/human-resources/>**