



**Altus Schools Charter School of San Diego,
Altus Schools Audeo, Audeo II, Altus Schools
North County, Audeo Valley, Mirus Secondary, Altus
Schools East County and Altus Schools South Bay**

**PPO Benefits Highlights
July 1, 2024 - June 30, 2025**

MEMBER PAYS

CALENDAR YEAR DEDUCTIBLE **PPO PROVIDERS** **NON-PPO PROVIDERS**

The calendar year deductible must be met prior to benefits being paid, with the exception of services listed below with a dollar copay. Those services are not subject to the deductible.

Deductibles	None	\$250 Individual \$750 Family
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ANNUAL OUT-OF-POCKET MAXIMUM **PPO PROVIDERS** **NON-PPO PROVIDERS**

The following do not apply to the out-of-pocket maximum: deductibles, dollar copays, prescription drugs, and non-covered expenses

Out-of-Pocket Maximum	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
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LIFETIME MAXIMUM BENEFIT **Unlimited**

Members may choose from a network of available physicians and facilities (PPO Providers) or may choose a provider who is not in the network (Non-PPO Providers). Payment for covered expenses are based on the allowable amount for the covered expense, which is the lesser of the charges billed or the following:

PPO PROVIDERS - the provider negotiated contracted rate(s). Members are not responsible for the difference between the PPO providers charge and the negotiated discount amount.

NON-PPO PROVIDERS - the usual, customary and reasonable (UCR) charge as defined in the Plan Document. Members are responsible for any amount determined to exceed the UCR amount in addition to any deductible, copay or coinsurance.

MEMBER PAYS

PROFESSIONAL SERVICES **PPO PROVIDERS** **NON-PPO PROVIDERS**

Office visits	\$10 copay	20% of UCR
Adult preventive services and screenings*	No charge	20% of UCR
Preventive care for women*	No charge	20% of UCR
Preventive care for children*	No charge	20% of UCR
Routine vaccinations/immunizations adults and children*	No charge	20% of UCR
Physician visits to hospital or skilled nursing facility	No charge	20% of UCR
Allergy testing	\$10 copay	20% of UCR
Allergy injection services/serum	\$10 copay	20% of UCR
Therapeutic injections	\$10 copay	20% of UCR
Surgeon and assistant surgeon	No charge	20% of UCR
Administration of anesthetics	No charge	20% of UCR
Diagnostic x-ray and laboratory procedures	No charge	20% of UCR
Physical and Occupational Therapies Limited to 60 visits per calendar year combined	\$10 copay	20% of UCR
Speech Therapy is limited to treatment following surgery, injury or non-congenital organic disease	\$10 copay	20% of UCR

***COVERAGE FOR EVIDENCE BASED PREVENTIVE SERVICES AS DEFINED UNDER THE HEALTH CARE REFORM REGULATIONS**

MEMBER PAYS

HOSPITAL AND SKILLED NURSING FACILITY SERVICES (Precertification required for all inpatient admissions)	PPO PROVIDERS	NON-PPO PROVIDERS
Unlimited days of hospital care in a semi-private room or ICU including ancillary charges	No charge	20% of UCR
Confinement in skilled nursing facility (confinement for non-skilled or custodial care is not covered)	No charge	20% of UCR
Maternity care	No charge	20% of UCR
Outpatient surgery and services (<i>except emergency room</i>)	No charge	20% of UCR

MEMBER PAYS

EMERGENCY CARE AND SERVICES**	PPO PROVIDERS	NON-PPO PROVIDERS
Use of emergency room facility (<i>copay waived if admitted</i>)	\$50 copay	20% of UCR
Use of urgent care, facility and professional services	\$10 copay	20% of UCR

**** EMERGENCY CARE COVERED AS DEFINED UNDER THE HEATH CARE REFORM REGULATIONS**

MEMBER PAYS

MATERNITY CARE (Professional Services Only)	PPO PROVIDERS	NON-PPO PROVIDERS
Initial office visit	No charge	20% of UCR
Delivery	No charge	20% of UCR
Termination of pregnancy	No charge	20% of UCR

MEMBER PAYS

FAMILY PLANNING	PPO PROVIDERS	NON-PPO PROVIDERS
Insertion / removal of intra-uterine devices (IUD)	No charge	20% of UCR
Intra-uterine device	No charge	20% of UCR
Depo-Provera injection and medication (limited to 1 injection every 90 days)	\$10 copay	20% of UCR
Infertility services (<i>limited to diagnostic testing only</i>)	No charge	20% of UCR
Sterilization procedures (<i>tubal ligation and vasectomy</i>)	No charge	20% of UCR

MEMBER PAYS

OTHER SERVICES	PPO PROVIDERS	NON-PPO PROVIDERS
Ground and air ambulance	No Charge covered at 100%	
Durable medical equipment - rental or purchase of medically necessary equipment and supplies	No charge	20% of UCR
Prosthetic devices	No charge	20% of UCR
Blood, blood plasma, blood factors and blood derivatives	No charge	20% of UCR
Nuclear medicine	No charge	20% of UCR
Chemotherapy	No charge	20% of UCR
Renal dialysis	No charge	20% of UCR
Home health care (<i>limit of 100 visits per calendar year</i>)	No charge	20% of UCR
Hospice Care - inpatient and outpatient services (member life expectancy of 6 months or less and subject to utilization review every 60 days)	No charge	20% of UCR
Hearing aid	No charge	20% of UCR
Weight Loss Program - Physician supervised weight loss programs in clinical settings managed by healthcare professionals	No charge	20% of UCR
Massage Therapy - Medically prescribed by a Physician for pain management. Please contact Insurance company for what type of providers are covered.	No charge	20% of UCR

MEMBER PAYS

CHIROPRACTIC	IN-NETWORK	OUT-OF-NETWORK
Chiropractic Services - limited to 30 visits per calendar year	\$10 copay	coverage for emergency services only
Chiropractic x-ray, radiological consults & clinical Labs	Paid in full Max Benefit: \$300 per cal yr	coverage for emergency services only
Chiro Support and appliances	Paid in full Max Benefit: \$50 per cal yr	coverage for emergency services only

Acupuncture Services	IN-NETWORK	OUT-OF-NETWORK
Acupuncture Services - limited to 30 visits per calendar year, combined in & out-of-network	\$10 copay	20%

MEMBER PAYS

MENTAL HEALTH		
InPatient Treatment (including Partial & Day Treatment)	No charge	20% of UCR
Outpatient Mental Health Visits	\$10 copay	20% of UCR

MEMBER PAYS

CHEMICAL DEPENDENCY		
Inpatient, Rehabilitation, Detoxification	No charge	20% of UCR
Outpatient Chemical Dependency Visits	\$10 copay	20% of UCR

MEMBER PAYS

SEVERE MENTAL ILLNESS (SMI)		
InPatient Treatment (including Partial & Day Treatment)	No charge	20% of UCR
Outpatient Mental Health Visits	\$10 copay	20% of UCR

ORGAN AND TISSUE TRANSPLANTS

Human organ and tissue transplants benefits are provided according to the terms and conditions set forth in a separate Organ & Tissue Transplant Policy that has been issued to the Plan. Transplant related benefits will be provided to each covered person during the transplant benefit period specified in the Transplant Policy.

MEMBER PAYS

RETAIL PRESCRIPTION DRUGS IN-NETWORK OUT-OF-NETWORK

Member pays the following per 30-day supply based on the Express-Scripts National Formulary:

Table with 3 columns: Drug Type, In-Network, Out-of-Network. Rows: Generic (\$5, Not Covered), Preferred (\$10, Not Covered)

Pharmacy benefit services are provided by Express-Scripts and administered by RxBenefits, Inc. Members may access the most current Express-Scripts National Preferred Drug Formulary at www.Express-Scripts.com. Members with pharmacy benefit questions should contact Members Services at 1-800-334-8134.

Members taking a maintenance medication have the option of Home Delivery through Express-Scripts mail order or filling up to a 90-day supply at Walgreens or CVS retail pharmacies. Some medications on the Express-Scripts National Preferred Formulary may be subject to quantity limits or require prior authorization.

MEMBER PAYS

MAIL ORDER PRESCRIPTION DRUGS EXPRESS-SCRIPTS MAIL ORDER WALGREENS or CVS NON-EXPRESS-SCRIPTS

Member pays the following per 90-day supply based on the Express-Scripts National Formulary:

Table with 3 columns: Drug Type, Express-Scripts Mail Order (Walgreens or CVS), Non-Express-Scripts. Rows: Generic (\$5, Not Covered), Preferred (\$10, Not Covered)

Members taking a maintenance medication must use the Home Delivery through Express-Scripts mail order or may fill up to a 90-day supply at Walgreens or CVS retail pharmacies. Some medications on the Express-Scripts National Preferred Formulary may be subject to quantity limits or require prior authorization.

Pharmacy benefit services are provided by Express-Scripts and administered by RxBenefits, Inc. Members may access the most current Express-Scripts National Preferred Drug Formulary at www.Express-Scripts.com. Members with pharmacy benefit questions should contact Members Services at 1-800-334-8134.

This plan does not include any limitations or exclusions for a pre-existing condition, except in cases of organ transplants and is based on the carved-out transplant benefit policy. This Summary of Benefits is a brief outline of the benefits and does not create or confer any rights. It is only a brief summary of the plan benefits and it should not be accepted or construed as a substitute to the Master Plan Document. Benefits are paid based on eligible expenses.