

MIAMI TRACE LOCAL SCHOOLS

**MEDICAL BENEFITS SCHEDULE
FAMILY HSA PLAN**

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<p>Note: The maximums listed below are the total for Network and Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total which may be split between Network and Non-Network providers.</p>		
DEDUCTIBLE, PER CALENDAR YEAR		
Individual	\$2,700	\$4,800
Family	\$2,700	\$4,800
<p>Amounts applied to the Network Deductible and the Non-Network Deductible do not cross-apply. The Calendar Year deductible is waived for the following Covered Charges:</p> <ul style="list-style-type: none"> - Network Preventive Care - Flu Shots 		
MAXIMUM COINSURANCE LIMIT, PER CALENDAR YEAR (including deductible)		
Individual	\$2,700	\$6,800
Family	\$2,700	\$6,800
<p>The Network Out-of-Pocket amounts will be combined with the Non-Network Out-of-Pocket amounts. The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum: Non-Precertification penalties Amounts over Usual and Reasonable Charges</p>		
COVERED CHARGES		
Inpatient Hospital Services		
Room, Board, and Miscellaneous Expenses	100% after deductible	80% after deductible
Intensive Care Unit	100% after deductible	80% after deductible
Outpatient Hospital Services		
Surgical Facilities	100% after deductible	80% after deductible
Other Outpatient Services	100% after deductible	80% after deductible
Emergency Room Visit (Including related services)	100% after deductible	Paid Same As Network
Ambulance	100% after deductible	Paid same as Network
Urgent Care Facility (Including related services)	100% after deductible	80% after deductible
Skilled Nursing Facility	100% after deductible	80% after deductible
Physician Services		
Inpatient visits	100% after deductible	80% after deductible
Office visits (office charge only)	100% after deductible	80% after deductible
Surgery	100% after deductible	80% after deductible
Anesthesia	100% after deductible	Paid Same As Network
Second Surgical Opinion	100% after deductible	Paid Same As Network
Diagnostic Testing (X-ray & Lab)	100% after deductible	80% after deductible
Independent Laboratories	100% after deductible	Paid Same As Network

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Radiology/Pathology Interpretation	100% after deductible	Paid Same As Network
Home Health Care/Private Duty Nursing	100% after deductible	80% after deductible
Hospice Care	100% after deductible	80% after deductible
Bereavement Counseling	2 visit Lifetime maximum	2 visit Lifetime maximum
Jaw Joint/TMJ (excluding surgery)	100% after deductible	80% after deductible
Wig After Chemotherapy	100% after deductible \$400 Lifetime maximum	80% after deductible \$400 Lifetime maximum
Spinal Manipulation/Chiropractic	100% after deductible 15 visit Calendar Year maximum	80% after deductible 15 visit Calendar Year maximum
Mental Disorders/Substance Abuse	Paid based on the type of service(s) received.	
Preventive Care		
Routine Well Adult Care	100%	80% after deductible
Limited to: office visits, pap smear, prostate screenings/PSA testing, one mammogram per year for females age 35 and older, and services required by law.		
Routine Well Child Care	100%	80% after deductible
Including, but not limited to: office visits, routine physical examination, laboratory tests, x-rays, immunizations, and service required by law.		
Flu Shot	100%	Paid Same As Network
Prescription Drugs (Retail and Mail Order)	100% after deductible	Paid Same As Network
Organ Transplants	Paid based on the type of service(s) received.	
Other Medical Services and Supplies	100% after deductible	80% after deductible