## High Deductible/HSA Qualified Plan

## **Summary of Benefits and Coverage**

Effective 07/01/2012

Benefits	In-Network/Endorsed /Encircle	Combination In-Network/ Endorsed & Non-Endorsed /Encircle & Non-Encircle	Out-of-Network	
Plan Year	July 1 through June 30			
Benefit Period	January 1 through December 31			
Benefit Period Deductible Single/EE+CH/Family	\$2,000/\$5,000/\$5,000  EE+CH/Family coverage requires the full EE+CH/Family deductible to be met before coinsurance applies; the single deductible does not apply to EE+CH/Family coverage. Prescription expenses are included in the medical deductible.			
Co-insurance	80%	70%	60% <sup>1</sup>	
Benefit Period Out-of-Pocket Maximum	Single - \$4,000 EE+CH/Family - \$8,000	Single - \$4,900 EE+CH/Family - \$9,900	Single - \$5,950 EE+CH/Family - \$11,900	
(OOPM) <sup>2</sup> – includes deductible	EE+CH/Family coverage requires the full EE+CH/Family OOPM to be met before 100% coverage applies; the single OOPM <b>does not</b> apply to EE+CH/Family coverage. Prescription expenses accumulate toward the medical OOPM.			
Office Services	apply to an analysis and a second	<del></del>		
Office Exam Physician – Illness/Injury	80% after deductible	70% after deductible	60% after deductible	
Office Exam Nurse Practitioner – Illness/Injury	80% after deductible	70% after deductible	60% after deductible	
Quick Care Clinic – Illness/Injury	100% after deductible			
Chronic Disease Office Visit <sup>3</sup>	80% after deductible	70% after deductible	60% after deductible	
Diabetic, Asthma & Nutrition Education <sup>4</sup>	100% after deductible			
Preventive Services <sup>5</sup>				
Routine exams, tests, immunizations	100%	100%	60% after deductible	
Routine Mammograms, Pap Tests, PSA Tests and Colonoscopies	100%	100%	60% after deductible	
Tobacco Cessation	100%	100%	60% after deductible	
Lab Charges <sup>6</sup>				
LabCorp, Quest Diagnostic/LabCard and American Health Network	100% after deductible for diagnostic lab charges (preventive lab charges are not subject to the deductible)			
Diagnostic Lab Charges – Physician/Facility	80% after deductible	80% after deductible	80% after deductible	
Outpatient Services				
Surgical Expenses - Facility	80% after deductible	70% after deductible	60% after deductible	
Surgical Expenses – Physician	80% after deductible	70% after deductible	60% after deductible	
Diagnostic X-ray Expenses – Facility <sup>7</sup>	80% after deductible	80% after deductible	60% after deductible	
Diagnostic X-ray Expenses – Physician <sup>7</sup>	80% after deductible	70% after deductible	60% after deductible	
Chiropractic Services	80% after deductible			
Physical, Speech and Occupational Therapy	80% after deductible			
Inpatient Services				
Pre-Admission Testing - Facility <sup>8</sup>	80% after deductible	70% after deductible	60% after deductible	

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Pre-Admission Testing – Physician <sup>8</sup>	80% after deductible	70% after deductible	60% after deductible		
Surgical Expenses - Facility	80% after deductible	70% after deductible	50% after deductible		
Surgical Expenses – Physician	80% after deductible	70% after deductible	60% after deductible		
Inpatient Hospital/Facility Services, includes Intensive Care Unit <sup>10</sup>	80% after deductible	70% after deductible	50% after deductible <sup>9</sup>		
In-hospital Visits – Physician	80% after deductible	70% after deductible	60% after deductible		
Skilled Nursing Facility <sup>10</sup>	80% after deductible	70% after deductible	50% after deductible		
Additional Services					
Emergency Room Illness & Accident Benefit	80% after deductible, plus \$100 co-pay (co-pay is waived if admitted) <sup>11</sup>				
Ambulance Benefit	80% after deductible				
Substance Abuse Benefit	80% after deductible	70% after deductible	60% after deductible 12		
Mental Health Benefit	80% after deductible	70% after deductible	60% after deductible 12		
Durable Medical Equip., Prosthetics/Orthotics	80% after deductible				
Home Health Care	80% after deductible				
Hospice Care <sup>10</sup>	80% after deductible	70% after deductible	60% after deductible/50% for inpatient <sup>9</sup>		
Dental					
Benefit Period Deductible*	\$60/\$150/\$150				
Single/EE+CH/Family	*Dental deductible is separate from medical				
Maximum Benefit Per Person Per Benefit Period	\$1,500 for general dental <sup>13</sup>	\$500 for Orthodontia			
Preventive Dental Benefits	First \$50 per Benefit Year paid at 100%, the balance paid at 80%				
Dental Benefits	80% of reasonable and customary rate per Benefit Year				
Orthodontia	80% of reasonable and customary rate per Benefit Year				

<sup>&</sup>lt;sup>1</sup> Coinsurance for Out-of-Network inpatient/facility services is reduced to 50%

<sup>&</sup>lt;sup>2</sup> Coinsurance expenses incurred for services by an In-Network/Endorsed/Encircle provider/facility will apply to the In-Network/Endorsed/Encircle provider/facility OOPM and the Combination In-Network/ Endorsed & Non-Endorsed / Encircle & Non-Encircle OOPM. Coinsurance expenses incurred for services by an out-of-network provider will only apply to the out-of-network OOPM <sup>3</sup> Refer to Section 2.30 of the Summary Plan Document for a list of chronic diseases; this benefit includes the exam charge and lab and EKG services related to the office visits

<sup>&</sup>lt;sup>4</sup> Services must be prescribed by a physician and provided by a certified educator/dietician

<sup>&</sup>lt;sup>5</sup> These services may vary based on age, sex, and personal history of the individual and are covered when consistent with the Affordable Care Act's guidelines. Preventive care is provided when there are no current symptoms or history of medical conditions associated with a particular screening; all preventive services are limited to one of each service per year per covered member <sup>6</sup> This benefit is for laboratory charges only

<sup>&</sup>lt;sup>7</sup> Precertification with KBA for non-emergency MRI and CT scans required; benefits will be reduced by 50% if precertification is not obtained

<sup>&</sup>lt;sup>8</sup> Testing must be performed within 72 hours prior to the individual's admission to the hospital

<sup>&</sup>lt;sup>9</sup> An additional \$2,000 penalty will be charged for each Out-of-Network inpatient admission – the penalty does not apply toward the deductible or OOPM

<sup>&</sup>lt;sup>10</sup> Pre-certification with KBA for this benefit is required; hospital/facility charges will be reduced by 50% per admission if precertification is not obtained

<sup>&</sup>lt;sup>11</sup> Member must contact KBA within 48 hours of an emergency admission; if provision not followed then benefits will be reduced by 50%

Mental health/substance abuse providers not subject to AHDI rules will be paid as AHDI Endorsed and services will be subject to the Encircle OOPM; benefits will be reduced to 50% for Out-of-Network inpatient/facility admissions and the \$2,000 penalty will also apply

<sup>&</sup>lt;sup>13</sup> Pediatric general dental services are not subject to the Benefit Year maximum for children under age 18