



**Park City School District
Schedule of Medical Benefits
Bronze Plan
Option ID PCS1D**

Group ID: SFPCS

* Pre-certification - (MRM) Magellan Rx Management 855-586-2568

Claims Address: P.O. Box 1807
Draper, UT 84020
Emdeon EDI Payor ID: 88067

Customer Service: 877-453-4201

Networks:

Residence in Utah: **Wise**
Residence in all other States: **First Health**
Outside of Resident State: **First Health**

Coverage begins: First of the month following hire date and ends the last day of month in which termination occurs.

Eligibility requires a minimum 20 hours per week. 30 hours per week for Instructional Assistants and Preschool Teachers.

Benefit Plan Year September 1 through August 31				
Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits	
Benefit Year Deductibles Does not include Co-payments PPO and NON PPO accum's cross apply	Individual \$600 Family \$1,200	Individual \$1,200 Family \$2,400	Benefits calculate on a Plan Year Beginning September 1 and ends August 31	
Benefit Year Co-Insurance Out of Pocket Maximums - Includes Medical deductible, co- insurance, and Medical and RX co-pays PPO and NON PPO accum's cross apply	Individual \$4,500 Family 6,750	Individual \$9,000 Family \$14,000		
Office Visits - Primary Care (Exams or Consultations)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Office Visits - Specialist (Exams or Consultations)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Office Services - any additional services rendered during the office visit	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Wellness Care - Adult	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount		
Wellness Care - Children	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount		
Colonoscopy - Preventative	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount		1 every 5 years over age 50
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.				
Accidental Dental Services	Deductible, then Plan pays 50%			
Adoption Benefit	Deductible, then Plan pays 60%			Limited to \$4000 per child
Allergy Testing	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Allergy Treatment - Serum	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Allergy Injections	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
Ambulance	Deductible, then Plan pays 60%			
Birth Control / IUD	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount		
Breast Pumps	Plan pays 100%			Purchase breast pump from a local retail store and submit the receipt for reimbursement. Limited to one per delivery.
MRM * Chemical Dependency - Inpatient	\$300 Co-Pay, Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		* Pre-Certification required
Chemical Dependency - Outpatient	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		
MRM * Chemotherapy	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required	
Chiropractic Services	Deductible, then Plan pays 60%	No Benefit	Limited to 40 visits	
Colonoscopy (For Medical Reasons)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount		

	Diabetic Education	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	Deductible, then Plan pays 60%		
MRM	* Diagnostic Services - Major (MRI, CT, *PET, Nuclear Medicine, etc.)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-certification required for PET scans only
	Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc.)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
MRM	* Dialysis	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
	Durable Medical Equipment (includes orthotics & prosthetics)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Emergency Room Services True Medical Emergency (Co-pay waived if admitted)	\$250 Co-pay, then Plan pays 100%	\$250 Co-pay, then Plan pays 100% of billed amount	
	Emergency Room Services Non Medical Emergency	\$500 Co-pay, then Plan pays 100%	\$500 Co-pay then Plan pays 100% of billed amount	
	Emergency Room - All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of billed amount	
	Gastric Bypass Surgery / Lap Banding	No Benefit		
	Home Health Care	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	Limited to 60 visits per year
	Hospice Care	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
MRM	* Hospital - Inpatient Services	\$300 Co-Pay, Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
	Hospital - Outpatient Services (not surgery)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
MRM	* Hyperbaric Services	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
	Infertility Services - treatment	No Benefit		
	Infertility Services - testing	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Maternity - Prenatal Office Visits All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount	Maternity services are covered for all females. Grandchildren are not covered
	Maternity (Labs, X-rays, Ultrasounds and related covered services)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Maternity (including birthing center or mid-wife)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Medical Supplies (Diabetic test strips, Insulin pumps, etc.)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
MRM	* Mental Health - Inpatient	\$300 Co-Pay, Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
	Mental Health - Outpatient	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Outpatient Surgery - Facility	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Outpatient Surgery (performed in a physician's office)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Outpatient Therapy Physical Therapy	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	Limited to 40 visits per plan year
	Outpatient Therapy Speech and Occupational	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	Limited to 20 visits per therapy class per plan year
MRM	* Radiation Services	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
MRM	* Residential Treatment Facilities	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required for inpatient treatment
MRM	* Skilled Nursing	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required
	Sleep Studies	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	
	Sterilization Services	Plan pays 100%	Deductible, then Plan pays 40% of allowed amount	
	TMJ and Orthognathic	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	Evaluation, testing and diagnostic services only
MRM	* Transplant	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	* Pre-Certification required

Urgent Care Center & 24 Hours	\$50 Co-pay, then Plan pays 100%	\$100 Co-pay, then Plan pays 100% of billed amount	
Wigs when related to cancer treatment	Deductible, then Plan pays 60%		One wig every 24 months due to hair loss from chemotherapy
Vision Exam for Adults	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of allowed amount	Includes any eye exam for employee and spouse whether medically necessary or not
Covered Prescription Drugs RxBenefits- OptumRx	Generic - \$10 Brand Formulary - \$30 Brand / Non-formulary - \$50 Specialty- \$100	No Benefits	Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy
Customer Service: 800-4344-8134 www.optumrx.com Rx Bin: 610011 RxPCN: IRX RxGRP: REBENEFIT			
90 Day Maintenance or Mail Order Drugs	Generic - \$10 Brand / Formulary- \$60 Brand / Non-formulary - \$150	No Benefits	Specialty Drugs limited to 30-day prescription
Customer Service: 800-4344-8134 90-day supply			

Restated: September 1, 2021

*** Pre Certification Required. Failure to obtain prior authorization may result in a penalty of \$200 or denial of benefits.**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

RAPS - services provided by facility based radiologists, anesthesiologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit.

Newborns are automatically covered for 30 days and to continue coverage they must be added to the plan within 30 days of birth.

Dependents Covered to Age 26 Regardless of student or marital status. Coverage terminates the end of the month in which the dependent turns 26.

Timely Filing - Claims must be filed within 12 months from the date the service incurred.

Life Threatening services incurred at a non network provider will be paid as in network.

Supplemental - Co-ordination of benefits is up to 100% of eligible expense.

Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.

No Preexisting exclusion for any member of the Plan.

Out of Country Care will be paid in network for medical emergencies only.

We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Visit www.talltreehealth.com to view Plan Document, benefits, claim history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of benefits.

Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.