



**Park City School District  
Schedule of Medical Benefits  
Gold Plan  
Option ID PCS1B**

**Group ID: SFPCS**

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

Claims Address: P.O. Box 1807  
Draper, UT 84020

**Customer Service: 877-453-4201**

Emdeon EDI Payer ID: 88067

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

**Networks:**

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

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
<b>Benefit Year Deductibles Does not include Co-payments PPO and NON PPO accum's cross apply</b>	Individual \$500 Family \$1000	Individual \$1000 Family \$2,000	<b>Benefits calculate on a Plan Year Beginning September 1 and ends August 31</b>
<b>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</b>	Individual \$2,500 Family \$5,000	Individual \$5000 Family \$10,000	
Office Visits - Primary Care (Exams or Consultations)	\$25 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Co-pay is for office visit only
Office Visits - Specialist (Exams or Consultations)	\$50 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Office Services - Any Additional Services rendered during the Office Visit	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Wellness Care - Adult	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Wellness Care - Children	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Colonoscopy - Preventative	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
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 80%		Limited to \$4,000 per child
Allergy Testing	\$35 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Purchase breast pump from a local retail store and submit the receipt for reimbursement. Limited to one per delivery.
Allergy Treatment - Serum	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Allergy Injections	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Ambulance	Deductible, then Plan pays 80%		
Birth Control / IUD	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
Breast Pump	Plan pays 100%		
<b>MRM</b> * Chemical Dependency - Inpatient	\$300 Co-pay, Deductible then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
Chemical Dependency - Outpatient	\$25 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Co-pay is for office visit only
<b>MRM</b> * Chemotherapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
Chiropractic Services	\$50 Co-pay, then Plan pays 100%.	<b>No benefit</b>	Limited to 40 visits per benefit plan year

	Colonoscopy (For Medical Reasons)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Diabetic Education	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc)	Deductible, then Plan pays 80%		
<b>MRM</b>	* Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required for <b>PET</b> scan only
	Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
<b>MRM</b>	* Dialysis	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
	Durable Medical Equipment (includes orthotics & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> 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 <b>billed</b> amount	
	Emergency Room Services Non Medical Emergency	\$500 Co-pay then Plan pays 100%	\$500 Co-pay then Plan pays 100% of <b>billed</b> amount	
	Emergency Room - all other covered services other than facility charges	Plan pays 100%	Plan pays 100% of <b>billed</b> amount	
	Gastric Bypass Surgery / Lap Banding	<b>No Benefit</b>		
	Home Health Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Limited to 60 visits per benefit plan year
	Hospice Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
<b>MRM</b>	* Hospital - Inpatient Services	\$300 Co-pay, Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
	Hospital - Outpatient Services (not surgery)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
<b>MRM</b>	* Hyperbaric Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
	Infertility Services - treatment	<b>No Benefit</b>		
	Infertility Services - testing	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Maternity - Prenatal Office Visits All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Plan covers maternity for all females on the Plan Grandchildren are not covered
	Maternity - (Labs, X-rays, Ultrasounds and related covered services)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Maternity - (including birthing center or mid-wife)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Medical Supplies (Diabetic test strips, Insulin pumps, etc.)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
<b>MRM</b>	* Mental Health - Inpatient	\$300 Co-pay, Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
	Mental Health - Outpatient	\$25 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Co-pay is for office visit only
	Outpatient Surgery - Facility	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Outpatient Surgery (performed in a physician's office)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Outpatient Therapy Physical Therapy	\$50 Co-pay then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Limited to 40 visits per plan year
	Outpatient Therapy Speech and Occupational	\$50 Co-pay then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Limited to 20 visits per therapy class per plan year. Co-pay applies to office visit only
<b>MRM</b>	* Radiation Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
<b>MRM</b>	* Residential Treatment Facilities	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Chemical Dependency, Substance Abuse, Mental Health. * Pre-Certification required for inpatient treatment
<b>MRM</b>	* Skilled Nursing	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required
	Sleep Studies	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	

	Sterilization Services	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	TMJ and Orthognathic	Deductible then Plan pays 50%	Deductible then Plan pays 50%	Evaluation, testing and diagnostic services only
<b>MRM</b>	* Transplant	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	* Pre-Certification required. Donor expenses are covered.
	Urgent Care Center & 24 Hours	\$50 Co-pay, then Plan pays 100%.	\$100 Co-pay, then Plan pays 100% of <b>billed</b> amount	Co-pay is for office visit only
	Wigs when related to cancer treatment	Deductible, then Plan pays 80%		One wig every 24 months due to hair loss from chemotherapy
	Vision Exam for Adults	\$50 Co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Includes any eye exam for employee and spouse whether medically necessary or not
	<b>Covered Prescription Drugs RxBenefits-OptumRx</b>			
	Customer Service: 800-334-8134 www.optumrx.com Rx Bin: 610011 RxPCN: IRX RxGRP: RXBENEFIT	Generic - \$10 Brand Formulary - \$30 Brand / Non-formulary - \$50 Specialty -\$100	<b>No Benefits</b>	Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy  90 day maintenance medications available at retail pharmacy
	<b>90 Day Maintenance or Mail Order Drugs</b>			
	Customer Service: 800-334-8134 90-day supply	Generic - \$10 Brand / Formulary- \$60 Brand / Non-formulary - \$150	<b>No Benefits</b>	Specialty Drugs limited to 30-day prescription

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](http://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.**