



Park City School District Schedule of Medical Benefits QHDHP/HSA

Option ID PCS1F - Family

Group ID: SFPCS

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

Claims Address: P.O. Box 1807

Draper, UT 84020

Emdeon EDI Payer 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 PPO and NON PPO accum's cross apply | Family \$3,000 | Family \$3,000 | Benefits calculate on a Plan Year Beginning September 1 and ends August 31 One person can meet the entire family deductible. Deductible is not met until the full family deductible is met. No one individual will be required to meet more than the individual out of pocket maximum. Individual out of pocket accumulates to the family out of pocket maximum. | |
| Benefit Year Co-Insurance Out of Pocket Maximums - Includes deductible, & co-insurance for Medical and RX PPO and NON PPO accum's cross apply | Individual \$2,800 Family \$5,600 | Individual \$2,800 Family \$5,600 | | |
| Office Visits - Primary Care (Exams or Consultations) | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Office Visits - Specialist (Exams or Consultations) | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Office Services - Any Additional Services rendered during the Office Visit | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Wellness Care - Adult | Plan pays 100% | Deductible, then Plan pays 60% of allowed amount | | |
| Wellness Care - Children | Plan pays 100% | Deductible, then Plan pays 60% of allowed amount | | |
| Colonoscopy - Preventative | Plan pays 100% | Deductible, then Plan pays 60% 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 80% | | Limited to \$4,000 per child Purchase breast pump from a local retail store and submit the receipt for reimbursement. Limited to one per delivery. | |
| Adoption Benefit | Deductible, then Plan pays 80% | | | |
| Allergy Testing | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Allergy Treatment - Serum | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Allergy Injections | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| Ambulance | Deductible, then Plan pays 80% | | | |
| Birth Control / IUD | Plan pays 100% | Deductible, then Plan pays 60% of allowed amount | | |
| Breast Pump | Plan pays 100% | | | |
| MRM * Chemical Dependency - Inpatient | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | * Pre-Certification required |
| Chemical Dependency - Outpatient | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | | |
| MRM * Chemotherapy | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | * Pre-Certification required | |
| Chiropractic Services | Deductible, then Plan pays 80% | No benefit | Limited to 40 visits per benefit plan year | |

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

| | | | | |
|-----|---|--------------------------------|---|--|
| MRM | * Transplant | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | * Pre-Certification required. Donor expenses are covered. |
| | Urgent Care Center & 24 Hours | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | |
| | 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 | Deductible, then Plan pays 80% | Deductible, then Plan pays 60% of allowed amount | Includes any eye exam for employee and spouse whether medically necessary or not |
| | Covered Prescription Drugs RxBenefits-OptumRx | Deductible, then Plan pays 80% | No Benefits | Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy 90 day maintenance medications available at retail pharmacy |
| | Customer Service: 800-334-8134 www.optumrx.com Rx Bin: 610011 RxPCN: IRX RxGRP: RXBENEFIT | | | |
| | 90 Day Maintenance or Mail Order Drugs | Deductible, then Plan pays 80% | No Benefits | |
| | Customer Service: 800-334-8134 90-day supply | | | |
| | Specialty Drugs | See Brand Above | No Benefits | 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 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.