



Park City School District

Schedule of Medical Benefits

QHDHP/HSA

Option ID PCS1E - Individual

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

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

PPO 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
Benefit Year Deductibles PPO and NON PPO accum's cross apply	Individual \$1,500	Individual \$1,500	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	Individual \$2,800	
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	
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 A in Plan Document.			
Accidental Dental Services	Deductible, then Plan pays 80%		Limited to \$4,000 per child
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	Purchase breast pump from a local retail store and submit the receipt for reimbursement. Limited to one per delivery.
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	* Pre-Certification required
MRM * Chemotherapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	

	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	

MRM	TMJ and Orthognathic	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Evaluation, testing and diagnostic services only
	* 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.