

ST. CLOUD AREA SCHOOL DISTRICT 742

DEDUCTIBLE PLAN

Administered by **BLUE CROSS BLUE SHIELD OF MINNESOTA**

SCHEDULE OF COVERAGE

Effective 10/01/2007

	COVERED SERVICES Comprehensive Major Medical	PARTICIPATING PROVIDERS	NONPARTICIPATING PROVIDERS
A.	ELIGIBLE DEPENDENTS	Spouse & unmarried children to age 19 or up to age 25 if full-time student. Effective January 1, 2008, unmarried children to age 25.	
B.	LIFETIME MAXIMUM	\$5 Million per person	
C.	DEDUCTIBLE	\$1500 Single \$3000 Family	
D.	ANNUAL COINSURANCE	80% (usually) of allowed amount to an out-of-pocket maximum of \$3000 per person and \$6000 per family (includes deductible)	60% (usually) of allowed amount to an out-of-pocket maximum of \$3000 per person and \$6000 per family (includes deductible)
E.	BENEFIT PAYMENT LEVELS BlueChoice Network Coverage Services Any Other Services	Most Payments are based on allowed amounts. Payment for Participating Network providers as described. Most payments are based on allowed amount.	If Nonparticipating provider services are covered, you are responsible for the difference between the billed charges and the allowed amount. Most payments are based on allowed amounts. If Nonparticipating provider services are covered, you are responsible for the difference between the billed charges and the allowed amount. Most payments are based on allowed amounts.
F.	PREVENTIVE/ROUTINE CARE Routine physicals and office visits Well child care, Prenatal Care Routine vision and hearing exams, immunizations and vaccinations, lab and x-ray services	100% - no deductible 100% - no deductible	
G.	PHYSICIAN SERVICES Lab and x-ray, in hospital medical visits, surgery and anesthesia Office calls for illness and injury, Cancer Screening	Subject to deductible and 80% coinsurance, 100% thereafter.	Subject to deductible and 60% coinsurance, 100% thereafter.
H.	CHIROPRACTIC & PHYSICAL THERAPY	Subject to deductible and 80% coinsurance, 100% thereafter.	Subject to deductible, 60% coinsurance, 100% thereafter
I.	HOME HEALTH CARE	Subject to deductible and 80% coinsurance, 100% thereafter \$25,000 maximum benefit per calendar year	Subject to deductible and 60% coinsurance, 100% thereafter \$25,000 maximum benefit per calendar year

J.	INPATIENT HOSPITAL SERVICES 365 Days of Medically Necessary Care in an Average Semi-private Room	Subject to deductible and 80% coinsurance, 100% thereafter	Subject to deductible and 60% coinsurance 100% thereafter
K.	OUTPATIENT HOSPITAL Diagnostic tests, preadmission tests, exams, lab, x-ray, physical, occupational, speech therapy, dialysis, chemotherapy, radiation therapy, outpatient surgery, non-emergency illness related visits	Subject to deductible and 80% coinsurance, 100% thereafter	Subject to deductible and 60% coinsurance, 100% thereafter
L.	EMERGENCY ROOM PHYSICIAN SERVICES	Subject to deductible and 80% coinsurance, 100% thereafter	
M.	AMBULANCE Medically necessary transport to nearest facility	Subject to deductible and 80% coinsurance, 100% thereafter	
N.	Medical Supplies	Subject to deductible and 80% coinsurance, 100% thereafter	
O.	PRESCRIPTION DRUGS PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM MAIL ORDER OPTION MAIL AT RETAIL	Covered through Prime Therapeutics, a nationwide pharmacy program. A prescription medication or refill is limited to a 31 day supply. Generic drugs \$10.00 co-pay, Formulary drugs \$25.00 co-pay, Non Formulary drugs \$40.00 co-pay. Tobacco Cessation drugs are eligible with a doctor's prescription. Prescription out-of-pocket maximum is \$1,000 per individual/\$2,000 per family per year. Includes drug co-pays. You may purchase up to 90 day supply of a prescription for 2 co-pays. Mail order forms are available in Human Resources. Contact your physician for a 90 day supply, inform pharmacy that this is a mail to retail purchase. Participating pharmacies on line.	
P.	MENTAL HEALTH AND CHEMICAL DEPENDENCY CARE* Access Help Line 1-800-469-1110	Subject to deductible and 80% coinsurance, 100% thereafter.	Subject to deductible and 60% of allowed amount.

*Prior authorization is recommended after ten hours for Outpatient Mental Health and after two hours for Outpatient Chemical Dependency

For questions on benefits or provider networks, you may call customer service at Blue Cross Blue Shield 1-800-382-2000 from 8:00 a.m. to 4:30 p.m or visit www.bluecrossmn.com.

You may also call Diane Thole at 202-6835 in Benefits or Sandy Neutzling, Agent/Consultant for District 742 at 252-3460. **Changes are in bold.**

THIS BENEFIT DESCRIPTION IS INTENDED TO BE A BRIEF DESCRIPTION OF COVERAGES. IF THERE IS A CONFLICT BETWEEN THIS DOCUMENT AND THE CONTRACT, THE CONTRACT WILL PREVAIL.

Blue Cross Blue Shield also offers:

1. Up to \$20 per month discount (8 visits/month required) at participating health clubs.
2. Smoking Cessation 1-888-662-2583