Benefits summary:

POS Tiered Copay 100% / 80% Plan

PriorityHealth

Coverage period: 07.01.2017 to 06.30.2018

Providing strong coverage for most commonly used benefits

KINGSLEY SCHOOLS

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	Preferred benefits	Alternate benefits
Deductible *The amount you pay before we begin to pay.*	$1,000 individual/$2,000 family Deductible costs don't apply towards your coinsurance maximum	$2,000 individual/$4,000 family Deductible costs don't apply towards your coinsurance maximum
Coinsurance *Your share of the costs of a covered health care service.*	No cost for services after deductible is met, except where noted.	20% coinsurance for services after deductible is met, except where noted.
Coinsurance maximum *The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.*	Not applicable	$3,000 individual/$6,000 family
Out-of-pocket limit *The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.*	$7,150 individual/$14,300 family	$14,300 individual/$28,600 family
Office visits	**Preferred benefits**	**Alternate benefits**
Primary care provider (PCP)	$20 copayment, deductible doesn't apply	20% coinsurance after deductible
Specialists	$35 copayment, deductible doesn't apply	20% coinsurance after deductible
Urgent care	$75 copayment, deductible doesn't apply	20% coinsurance after deductible
Virtual visits *24/7 care for non-emergency conditions*	$20 copayment, deductible doesn't apply	Not covered
Allergy testing, serum and injections	Covered in full	20% coinsurance after deductible
Retail health clinic *Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)*	$75 copayment, deductible doesn't apply	$75 copayment after deductible
Mental and behavioral health	**Preferred benefits**	**Alternate benefits**
Inpatient hospital	Covered in full after deductible	20% coinsurance after deductible
Outpatient office visits	$20 copayment, deductible doesn't apply	20% coinsurance after deductible

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Prescription drug coverage- Deductible Doesn't Apply *Visit priorityhealth.com and search **Approved Drug list** to see a list of covered drugs and pricing information.*		
Generic	$10 copayment	
Brand	$40 copayment Brand and Preferred Brand	
Mail Order	90 day supply of Generic, Preferred Brand, and Non-Preferred Brand 2x copayment	
Specialty	$40 copayment Preferred Specialty and Non-Preferred Specialty	
Preventive care	**Preferred benefits**	**Alternate benefits**
Preventive care, immunizations	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com	20% coinsurance after deductible
Laboratory and X-ray	**Preferred benefits**	**Alternate benefits**
Radiology	Covered in full after deductible	20% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	$150 copayment after deductible	20% coinsurance after deductible
Laboratory	Covered in full after deductible	20% coinsurance after deductible
Emergency services	**Preferred benefits**	**Alternate benefits**
Emergency room	$150 copayment after deductible	$150 copayment after deductible
Emergency transportation/ ambulance services	$150 copayment after deductible	$150 copayment after deductible
Hospital care	**Preferred benefits**	**Alternate benefits**
Inpatient hospital physician services	Covered in full after deductible	20% coinsurance after deductible
Surgery and/or facility fee	Covered in full after deductible; exceptions apply	20% coinsurance after deductible; exceptions apply
Bariatric surgery	Covered in full after deductible; covered once per lifetime	20% coinsurance after deductible; covered once per lifetime
Outpatient care	**Preferred benefits**	**Alternate benefits**
Skilled nursing services and residential treatment	Covered in full after deductible; Up to 120 days covered per member each contract year	20% coinsurance after deductible; Up to 45 days covered per member each contract year
Outpatient surgery	Covered in full after deductible	20% coinsurance after deductible
In-home and hospice care	Covered in full	20% coinsurance after deductible
Rehabilitation services and devices	**Preferred benefits**	**Alternate benefits**
Physical and occupational therapy (including chiropractic)	$20 copayment, deductible doesn't apply Combined maximum 50 visits per member per contract year	50% coinsurance after deductible Combined maximum 50 visits per member per contract year
Speech therapy	$20 copayment, deductible doesn't apply; Combined maximum 50 visits per member per contract year	50% coinsurance after deductible Combined maximum 50 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible	50% coinsurance after deductible
Durable medical equipment (DME)	Covered in full after deductible	50% coinsurance after deductible

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Family planning and maternity care	**Preferred benefits**	**Alternate benefits**
Family planning	50% coinsurance after deductible	Not covered
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services	20% coinsurance after deductible
Maternity delivery and nursery care	Covered in full after deductible	20% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	20% coinsurance after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery	Not covered

Riders	
Oral and non-oral treatments for sexual dysfunction, 50% copay	Must be filled by participating pharmacy. These must be authorized. Coverage is limited to: oral tablets, injectable, and intra-urethral.
Durable medical equipment	See Above
Prosthetics and orthotics	See Above
Minimum Elective Abortion Rider	Adds in "abortion coverage in the event of rape or incest" that was removed from the standard medical policy due to the Abortion Opt Out Act
Rehabilitative medicine	See Above
Skilled Nursing Facility	See Above

Additional benefits:

Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.

Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.

Member perks: Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.