STHC -Base Plan - La Feria ISD **Group # 20001**

Effective: 10/1/2016

MEDICAL CARE BENEFITS	Facility Benefits Level I	Physician Benefits Level II		
		STHC Physician Benefit, Contracted		**All other Physicians, Non Contracted**
Lifetime Maximum Benefit	UNLIMITED			
Annual Plan Year Maximum	$2,000,000			
Calendar Year Deductible (Combined for all benefits) **Individual/Family** (Individual deductible carryover applies)	$1000/$3000			
Annual Out-of-Pocket Max (In addition to Deductible) Individual/Family	$3,000/$9,000			
Inpatient Confinement Copay	$100 per day Copay to a maximum of $500 per Confinement	N/A		N/A
Inpatient Hospital Expenses Notification to Managed Care Concepts (Utilization Review Company) is required within 48 hours of hospital admission	80% after confinement copay; Deductible waived	80%; Deductible waived		80% after Deductible
Benefit Reduction Penalty (For failure to notify the UR Company following Hospital Admission)	50%	N/A		N/A
Radiologist, Pathologist, Anesthesiologist and Assistant Surgeon	N/A	80%; Deductible waived		80%; Deductible waived
Hospital Emergency Room (Copay waived if admitted) Notification to Utilization Review (UR) Company is required if admitted InPatient (all related charges)	80% after $250 Copay; Deductible waived	80%; Deductible waived		80%; Deductible waived
Ambulance	100% after $500 Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Physician Office Visit (Includes exam, treatment, lab, x-ray, tests and supplies provided by and billed by physician at time of office visit except Surgery, Chemo, Radiation Therapy, Infusion Therapy, Physical Therapy, Occupational Therapy and Speech Therapy)	For Purposes of this plan, Physicians considered Primary Care are: Family Practitioner, General Practitioner, Internest, Pediatrician, Nurse Practitioner and OB/GYN. All other Physicians are considered Specialists. A referal from a Primary Care Physician to a Specialist is not required.			
Primary Care Physician	N/A	100% after $35 Copay		80% after Deductible
Specialist	N/A	100% after $65 Copay		80% after Deductible
Office Surgery	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
Allergy Testing, Serum and Injections	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
Contraceptive Injections	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
Contraceptive Devices and Implants	N/A	100%		80% after Deductible
Voluntary Sterilization Procedures	N/A	100%		80% after Deductible
Other Office Services (without Office visit billed)	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
Urgent Care Facility (Minor Emergency Medical Clinic)	N/A	100% after $50 copay		80% after Deductible
MRI's, Cat Scan's and Pet Scans	100% after $300 Copay	100% after $50 Copay		80% after Deductible
Lab/X-ray (Procedures performed in an Outpatient Hospital, Independent Lab)	80% after $250 Copay; Deductible waived	100%		80% after Deductible
Outpatient Hospital Surgery/Ambulatory Surgical Facility (Includes All related charges)	80% after $100 Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Maternity Facility Charges Contact the Utilization Review Company for coordination of care	80% after confinement copay; Deductible waived	80%; Deductible waived		80% after Deductible
Maternity Physician Charges (including prematal and postnatal care)	N/A	80%; Deductible waived		80% after Deductible
Routine Newborn Care Including inpatient Hospital Nursery charges and pediatric care to date of baby's discharge)	80%; Deductible Waived	100%		80% after Deductible
Maximum number of Days	4	4		4
Bariatric Procedures See major medical expense benefits for covered services, **Lifetime Maximum Benefits $5,000**	Applicable Inpatient and/or Outpatient Confinement Copay applies; then 80% Deductible waived	80%; Deductible waived		80% after Deductible
Mental & Nervous and Chemical Dependency, Drug and Substance Abuse Conditions (Plan Benefits Apply)				
Inpatient	80% after confinement Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Outpatient/Day Treatment Facility	80% after confinement Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Psychological Testing - Performed in Facility	80% after confinement Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Psychological Testing - Performed in Office	N/A	100% after $35 Copay		80% after Deductible
Office visit/Outpatient Therapy (including Group Therapy)	N/A	100% after $35 Copay		80% after Deductible

MEDICAL CARE BENEFITS	Facility Benefits Level I	Physician Benefits Level II		
		STHC Physician Benefit, Contracted		All other Physicians, Non Contracted
Physical Therapy/Occupational Therapy/Speech Therapy/Cardiac Rehabilitation	80% after Deductible	80% after Deductible		80% after Deductible
Chiropractic Services Calendar Year Maximum Benefit - **$1,500**	N/A	100% after $35 Copay		80% after Deductible
Sleep Disorders (Covered Services including sleep studies/diagnostic testing, surgery, devices & equipment)	Applicable Inpatient and/or Outpatient Confinement Copay applies; then 80% Deductible waived	80%; Deductible waived		80% after Deductible
Sleep Office Visit Only	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
Pain Management- Calendar Year Maximum Benefit $15,000 Office Visit Only	N/A	100% after $35 Copay PCP or $65 Copay Specialist		80% after Deductible
All other covered Facilities/Services (Maximum Applies)	80% after confinement Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Home Health Care: Maximum number of covered visits 120 per calendar year	80% after Deductible	80% after Deductible		80% after Deductible
Home Infusion Therapy	80% after Deductible	80% after Deductible		80% after Deductible
Skilled Nursing Facility 60 days per Cal Yr	80% after $500 confinement Copay; Deductible waived	80% after Deductible		80% after Deductible
Chemotherapy, Radiation and Infusion Therapy	80% after Deductible	80%; Deductible waived		80% after Deductible
Dialysis Treatment (Max of 2 copays per year on dialysis treatment)	80% after $500 Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Hospice Bereavement Counseling Lifetime Maximum - $20,000 (UR required)	100% after $500 Copay N/A	100% 100% after $35 Copay		80% after Deductible 80% after Deductible
DME, Medical Supplies (includes Prosthetics)	80% after $250 Copay; Deductible waived	80%; Deductible waived		80% after Deductible
Colonoscopy (Diagnostic)	80% after $250 Copay; Deductible waived	80%; Deductible waived		80% after Deductible
U.S. Preventive Services Task Force Preventive A & B For more information regarding the preventive recommendations of these resources and implementation of the PPACA regulations, please see the federal government website: Healthcare.gov/ news/factsheets/2010/07/preventive-services-list.html.	100%, Deductible waived	100%, Deductible waived		80% after Deductible
Annual Routine Preventive Care				
Routine Physical Exam	N/A	100%		80% after Deductible
Annual Well Woman Exam	N/A	100%		80% after Deductible
Annual Routine Pap Smear and other related lab work	100%; Copay waived	100%		80% after Deductible
Routine Annual Mammogram	100%; Copay waived	100%		80% after Deductible
Routine Annual PSA Test	N/A	100%		80% after Deductible
Well Baby/Well Child Care	N/A	100%		80% after Deductible
Routine Immunizations	N/A	100%		80% after Deductible
Flu Vaccine/Pneumonia Vaccine	N/A	100%		80% after Deductible
Lab/X-ray and routine diagnostic testing & other medical screenings	100%; Copay waived	100%		80% after Deductible
Routine Colonoscopy (Routine-age 50 and older or family history of colon cancer) not subject to Preventive Cal Yr maximum benefit	100%; Copay waived	100%		80% after Deductible

Prescription Card Services

	Brand Drugs have a $100 RX Deductible to be taken before any copays/payment. This deductible is combined for retail, mail order, and specialty.
Prescription Card Services	100% after Applicable Copay
Supply Limit	30 days
Generic Drug	$10 Copay
Brand Name Drug	$100 RX Deductible; then $35 or 50% Copay up to $200 whichever is greater
Mail Order Service	100% after Applicable Copay
Supply Limit	90 Days
Generic Drug	$20 Copay
Brand Name Drug	$100 RX Deductible; then $70 or 50% Copay up to $400 whichever is greater
Specialty Pharmacy Drugs	100% after Applicable Copay
Supply Limit	30 Days
Generic Drug	$10 Copay
Brand Name Drug	$35 or 50% copay up to $200, whichever is greater
Drugs Purchased in Mexico	50% after Deductible

Employee's Montly Cost	
Employee	$346.00
Employee + Spouse	$844.00
Employee + Child(ren)	$609.00
Employee + Family	$1124.00