

# SCHOOLCARE Yellow Open Access

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Choice Fund

## SUMMARY OF BENEFITS

Benefits outlined below are intended as a general summary and are covered only when using a CIGNA participating provider. All benefits are subject to the terms and conditions of your Health Benefits Booklet. In the event of any inconsistency between this Summary and the Health Benefits Booklet, the provisions as defined in the Health Benefits Booklet and Endorsements will govern. Covered benefits are subject to review for medical necessity. The plan year is defined from July 1 through June 30.

BENEFITS	YELLOW OPEN ACCESS <small>(For Annual Benefits Only)</small>
<b>DEDUCTIBLES, MAXIMUMS*</b> Plan Year Deductible Coinsurance Out-of-Pocket Maximum/Plan Year Maximum Lifetime Benefit * All family members contribute towards family deductible/out-of-pocket max.	Individual: \$1,250; Family: \$2,500 Medical 20%; Pharmacy 10% (or \$75 maximum) Individual: \$2,000; Family: \$4,000 Unlimited
<b>CHOICE FUND*</b> Embedded Choice Fund (health reimbursement account) pays for eligible out-of-pocket expenses during the plan year.	<b>SCHOOLCARE PAYS*</b> Individual: \$1,000; Family: \$2,000 * Subscriber must take the online Health Assessment to activate Choice Fund.
<b>NET COST AFTER CHOICE FUND (if activated)*</b> Out-of-Pocket Cost (including deductible)	<b>PLAN MEMBER PAYS*</b> Individual: \$1,000; Family: \$2,000 The Employer may not fund any additional portion of the out-of-pocket costs under SCHOOLCARE policy.
<b>PREVENTIVE CARE*</b> Routine Physical Examination Routine Immunizations Well Child Preventive Care Well Woman Preventive Care Adult Preventive Care Additional services such as urinalysis and EKG Routine Eye Exam (one every 12 months for all ages) Discounts Available for Eyewear * Includes Naturopathic Services, Routine Laboratory	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
<b>OTHER PHYSICIAN SERVICES*</b> Office Visits and/or Office Surgery Maternity Care * Includes Naturopathic Services	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
<b>OUTPATIENT DIAGNOSTIC TESTING</b> Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
<b>HOSPITAL CARE</b> Inpatient Services including Newborn Care Same Day or Outpatient Surgery Radiation and Chemotherapy Physician Visits and Services Anesthesiologist Services Operating Room X-ray and Laboratory Services Medications and Supplies	Deductible, then 20% to the Out of Pocket Maximum (Inpatient admissions and some outpatient procedures require prior authorization)

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BENEFITS	YELLOW OPEN ACCESS (Deductible/Out of Pocket Maximum/Coinsurance)
<b>HEARING TESTS</b>  <b>EMERGENCY &amp; URGENT CARE (Medically Necessary and Worldwide)</b> Hospital Emergency Room Urgent Care Facility	Deductible, then 20% to the Out of Pocket Maximum  Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b> OUTPATIENT (Physician's office) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
<b>PRESCRIPTION DRUGS</b>  Through participating pharmacies  Certain Preventive Generic Drugs including oral contraceptives (generic), Retail or Maintenance: \$0 (Prior authorization required for some drugs)	Retail: (30 day supply) Deductible, then 10% to the Out of Pocket Maximum** Maintenance: (90 day supply) Deductible, then 10% to the Out of Pocket Maximum** available only through Cigna Home Delivery mail order **\$75 maximum after deductible
<b>PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES</b> OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (Combined maximum). INPATIENT (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
<b>CHIROPRACTIC CARE</b>  20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
<b>ACUPUNCTURE* (In or Out of Network)</b> 12 days per person/per plan year * Coverage based on Cigna medical guidelines.	Deductible, then 20% to the Out of Pocket Maximum
<b>DURABLE MEDICAL EQUIPMENT</b>	Deductible, then 20% to the Out of Pocket Maximum
<b>EXTERNAL PROSTHETIC APPLIANCES</b>	Deductible, then 20% to the Out of Pocket Maximum
<b>OTHER BENEFITS</b> ORAL SURGERY (accidents only) REMOVAL OF BONEY IMPACTED WISDOM TEETH SKILLED NURSING CARE (100 days per person/per plan year maximum) AMBULANCE (if not a true emergency, services are not covered) BLOOD TRANSFUSIONS HOME HEALTH SERVICES HOSPICE	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
<b>GOOD FOR YOU!</b> by SCHOOLCARE Health and Wellness Incentives, Employee Assistance Program	Included