

Your Benefits



CITY OF ST CHARLES SCHOOL DISTRICT
Lumenos Health Savings Accounts Option 6 (Blue Access® Choice)
Summary of Benefits , Effective 10/01/2009

Covered Benefits	Network	Non-Network
Deductible Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage. Network and Non-Network deductibles are combined. (This only applies to non-embedded deductible designs.)	Single: \$2,000 Family: \$4,000	Single: \$2,000 Family: \$4,000
Out-of-Pocket Limit	Single: \$2,000 Family: \$4,000	Single: \$4,000 Family: \$8,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) · Including Office Surgeries, allergy serum, allergy injections and allergy testing	0%/0%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams, Routine Mammograms, Diabetic Self Management Training and Certain Medical Nutritional Therapy. · Physician Home and Office Visits (PCP/SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility · Immunizations through age 5	No Cost Share	30% 30% No Copayment/Coinsurance
Emergency and Urgent Care · Emergency Room Services (facility/other covered services) (copayment waived if admitted) · Urgent Care Center Services	0% 0%	0% 30%
Inpatient and Outpatient Professional Services Include but are not limited to: · Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	0%	30%
Inpatient Facility Services Unlimited days except for: · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 100 days Network/Non-Network combined for skilled nursing facility	0%	30%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	0%	30%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) · Durable Medical Equipment and Orthotics (Network/Non-network combined) \$4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies) · Prosthetic Devices \$4,000 benefit maximum · Physical Medicine Therapy Day Rehabilitation programs · Hospice Care · Ambulance Services	0% 0% 0%	30% 30% 0%

Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. Life and disability benefits are underwritten by Anthem Life Insurance Company (ALIC). RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. RIT, HMO Missouri, Inc., HALIC and ALIC are independent licensees of the Blue Cross and Blue Shield Association.

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Outpatient Therapy Services (Combined Network & Non-Network limits apply) • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical / Manipulation therapy excludes Chiropractic Services: 20 visits • Occupational therapy: 20 visits • Chiropractic Services: 26 visits (Network) Non-Network Not Covered • Speech therapy: Unlimited visits	0%/0% 0%	30% 30%
Behavioral Health Services: (Network and Non-Network) Mental Health and Substance Abuse • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Substance Abuse Limits • Inpatient: 21 days, 6 separate days for detox • Outpatient Facility: 30 visits • Outpatient Office Visits: 30 visits (Substance abuse rehabilitation programs are limited to 10 episodes per lifetime Network and Non-Network combined.)	0% 0%/0% 0%	30% 30% 30%
Human Organ and Tissue Transplants • Acquisition and transplant procedures, harvest and storage.	0%	30%
Prescription Drugs: • Network Retail Pharmacies: (30-day supply) Includes diabetic test strip • Anthem Mail Service: (90-day Supply) Includes diabetic test strip	0% 0%	30%(1) Not Covered
Lifetime Maximum(2)	Unlimited	Unlimited

Notes: All deductibles and coinsurance apply toward the out-of-pocket maximum including prescription drugs. (Excludes Non-network Human Organ and Tissue Transplants).

- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance including prescription drugs.
- Network and Non-network deductibles are combined. Network and Non-network coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to the end of the calendar year in which the child attains age 25.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment. No cost share means no deductible or coinsurance up to the maximum allowable amount.
- Benefit period = Calendar Year

(1) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

(2) Prescription Drugs do not accumulate toward the Medical Lifetime Maximum (if applicable). However, once the Medical Lifetime Maximum is met (if applicable), no additional Prescription Drug claims will be paid.

Precertification:

• Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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