

Your Benefits



ST. CHARLES SCHOOL DISTRICT
Lumenos Health Savings Accounts Option 4 (Blue Access® Choice)
Summary of Benefits , Effective 01/01/2012

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.	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 · Including Office Surgeries, allergy serum, allergy injections and allergy testing	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 screenings, Routine Mammograms. · Physician Home and Office Visits · 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%
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 Limbs and Medical Supplies) · Prosthetic Devices \$4,000 benefit maximum · Prosthetic Limbs: \$10,000 benefit maximum · Physical Medicine Therapy Day Rehabilitation programs · Hospice Care · Ambulance Services	0%	30%
	0%	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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ST. CHARLES SCHOOL DISTRICT
Lumenos Health Savings Accounts Option 4 (Blue Access® Choice)
Summary of Benefits , Effective 01/01/2011

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> · Physician Home and Office Visits · Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> · 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 · Cardiac Rehabilitation: 36 visits · Pulmonary Rehabilitation: 20 visits · Accidental Dental: \$3,000 Limit 	0% 0%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse <ul style="list-style-type: none"> · Inpatient Facility Services · Physician Home and Office Visits · Other Outpatient Services @ Hospital/Alternative Care Facility 	0% 0% 0%	30% 30% 30%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> · Acquisition and transplant procedures, harvest and storage. 	0%	30%
Prescription Drugs: <ul style="list-style-type: none"> · Network Retail Pharmacies: (30-day supply) Includes diabetic test strip · Anthem Mail Service: (90-day Supply) Includes diabetic test strip -Specialty medications are limited to a 30 day supply regardless of whether they are retail or mail service. 	0% 0%	30%(1) Not Covered
Specialty Medications		
Lifetime Maximum (Combined Network and Non-Network) (2)	Unlimited	Unlimited

Notes:

- All deductibles and coinsurance apply toward the out-of-pocket maximum including prescription drug cost shares. (Excludes Non-network Human Organ and Tissue Transplants).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
- Deductible applies to all prescription drug expenses. Once the deductible is met the appropriate copayment/coinsurance applies.
- 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 26.
- 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.

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