



**BCN w/ HRA**

**Wexford Missaukee ISD**

**Deductible, Copays and Dollar Maximums**

**Note:** The **Deductible** will apply to certain services as defined below.

Deductible	\$5,000 per individual/\$10,000 per family per benefit year <b>HRA to \$500/\$1000</b>
Fixed Dollar Copays	\$5 for allergy injections <b>HRA to \$0</b>
	\$40 for office visits <b>HRA to \$20</b>
	\$50 for urgent care visits <b>HRA to \$20</b>
	\$250 for emergency room visits
	No fixed dollar copay for ambulance services. See below for applicable coinsurance.
	\$40 for referral physician visits <b>HRA to \$20</b>
Coinsurance	50% for select services as noted below <b>No HRA Reimbursement for most 50% copays</b>
	30% for select services as noted below <b>HRA reimburses to \$1500/\$3000</b>
Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services	\$6,350 per individual/\$12,700 per family

**Preventive Services**

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations	100%
Prostate Specific Antigen (PSA) Screening	100%
Routine Colonoscopy	100%
Mammography Screening	100%
Voluntary Female Sterilization	100%
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period.)	100%
Maternity Pre-Natal care	100%

**Physician Office Services**

Office Visits	\$40 Copay <b>HRA to \$20</b>
Consulting Specialist Care	\$40 Copay after deductible <b>HRA to \$20</b>

**Emergency Medical Care**

Hospital Emergency Room - Copay waived if admitted	\$250 Copay after deductible <b>HRA to \$250</b>
Urgent Care Center	\$50 Copay <b>HRA to \$20</b>
Ambulance Services	70% after deductible



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**Diagnostic Services**

Laboratory and Pathology Tests	100%
Diagnostic Tests and X-rays	70% after deductible
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	70% after deductible
Radiation Therapy	70% after deductible

**Maternity Services Provided by a Physician**

Post-Natal and Non-routine Pre-Natal Care	\$40 Copay per Visit <b>HRA to \$20</b>
Delivery and Nursery Care	100% (For professional services. See Hospital Care for facility charges) after deductible

**Hospital Care**

General Nursing Care, Hospital Services and Supplies	70% after deductible
Outpatient Surgery - included all related surgical services and anesthesia - see member certificate for specific surgical copays.	70% after deductible

**Alternatives to Hospital Care**

Skilled Nursing Care	70% after deductible Up to 45 days per member per benefit year
Hospice Care	100% (When authorized) after deductible
Home Health Care	\$40 Copay after deductible <b>HRA to \$20 after deductible</b> Please call CIC BCG to notify of services

**Surgical Services**

Surgery - includes all related surgical services and anesthesia - see member certificate for specific surgical copays.	70% after deductible
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	50% after deductible
Elective Abortion (One procedure per two year period of membership)	50% after deductible
Human Organ Transplants	70% after deductible <b>HRA to 100%</b> Please cal CIC BCG to notify of services
Reduction Mammoplasty	50% after deductible
Male Mastectomy	50% after deductible
Temporomandibular Joint Syndrome	50% after deductible
Orthognathic Surgery	50% after deductible
Weight Reduction Procedures (Limited to one procedure per lifetime)	50% after deductible



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**Mental Health Care and Substance Abuse Treatment Must Call 1-800-482-5982 for authorization**

Inpatient Mental Health Care	70% after deductible
Inpatient Substance Abuse Care	70% after deductible
Outpatient Mental Health Care	\$40 Copay after deductible <b>HRA to \$0</b> <span style="color: red;">If processed as office visit</span>
Outpatient Substance Abuse	\$40 Copay after deductible <b>HRA to \$0</b> <span style="color: red;">If processed as office visit</span>

**Autism Spectrum Disorders, Diagnoses and Treatment**

Applied behavioral analyses (ABA) treatment - Limited to 25 hours per week for line therapy for children through age 18	\$40 Copay after deductible <b>HRA to \$20 after deductible</b>
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18	\$40 Copay after deductible <b>HRA to \$20 after deductible</b>
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit

**Other Services**

Allergy Testing and Therapy	50% after deductible <b>HRA to 100%</b>
Allergy Injections	\$5 copay <b>HRA to \$0</b>
Chiropractic Spinal Manipulation - when referred (up to 30 visits per calendar year)	\$40 Copay after deductible <b>HRA to \$20</b>
Outpatient Physical, Speech and Occupational Therapy (One period of treatment for any combination of therapies within 60 consecutive days per medical episode)	\$40 Copay after deductible <b>HRA to \$20 after deductible</b>
Infertility Counseling and Treatment (Excludes In-vitro fertilization)	50% after deductible
Durable Medical Equipment	50% <b>HRA to 100%</b> <span style="color: red;">Must call Nothwood for participating provider at 1-800-667-8496</span>
Prosthetic and Orthotic Appliances	50% <b>HRA to 100%</b>
Diabetic Supplies	70% <b>HRA to 100%</b> <span style="color: red;">Must call J&amp;B Medical Supply for participating provider at 1-888-896-6233</span>
Prescription Drugs	Tier 1 - \$20 copay, Tier 2 - \$60 copay, Tier 3 - 50% (min \$80/max \$100); 30 day supply with contraceptives
	Sexual Dysfunction drugs - 50% coinsurance
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
Hearing Aid	Covers one hearing aid and exam every 36 months