

## BENEFIT HIGHLIGHTS

CapitalBlueCross.com



### QHDHP PPO 1650 PLAN

### Big Spring School District

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your Benefits Booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is in-network	If provider is out-of-network
<b>Deductible</b> (per benefit period) Deductible is combined to include medical and prescription drug benefits for in-network providers. If you enroll in a family plan, the overall family deductible must be met before the plan begins to pay.	\$1,650 single coverage \$3,300 family coverage	
<b>Coinsurance</b> (Percentage you pay after your deductible is met).	10% coinsurance after deductible	20% coinsurance after deductible
<b>Out-of-pocket maximum</b> (The most you pay per benefit period, after which benefits are paid at 100%).	Overall in-network out-of-pocket maximum includes deductible, copayments, and coinsurance for medical and prescription drugs: \$2,000 single coverage \$4,000 family coverage	Out-of-network: \$4,000 single coverage \$8,000 family coverage
<b>Office Visit / Urgent Care / Emergency Room Copayments</b>		
<b>VirtualCare (non-specialist) visits</b> —delivered via the Capital Blue Cross VirtualCare platform	10% coinsurance after deductible	Not applicable
<b>Office visits and consultations (in-person &amp; telehealth)</b> —performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	10% coinsurance after deductible	20% coinsurance after deductible
<b>Specialist office visits</b> (in-person, telehealth & via the Capital Blue Cross VirtualCare platform)	10% coinsurance after deductible	20% coinsurance after deductible VirtualCare—Not applicable
<b>Urgent care services</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency room</b>	10% coinsurance after deductible	
<b>Preventive Care</b>		
<b>Pediatric and adult preventive care</b>	No charge, deductible waived	20% coinsurance after deductible
<b>Screening gynecological exam and pap smear</b>	No charge, deductible waived	20% coinsurance, deductible waived
<b>Screening mammogram</b>	No charge, deductible waived	20% coinsurance, deductible waived
<b>Facility / Surgical Services</b>		
<b>Inpatient hospital room and board including maternity services and newborn care</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Acute inpatient rehabilitation</b> (60 days per benefit period)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Skilled nursing facility</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Surgical procedure and anesthesia</b> (professional charges)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient surgery at ambulatory surgical center</b> (facility charge only)	10% coinsurance after deductible	Not covered
<b>Outpatient surgery at acute care hospital</b> (facility charge only)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Diagnostic Services</b>		
<b>High tech imaging</b> (such as MRI, CT, PET)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Radiology</b> (other than high tech imaging)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Independent laboratory</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Facility-owned laboratory</b> (i.e. Health System owned)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Diagnostic mammogram</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Therapy Services (Rehabilitative and Habilitative Services)</b>		
<b>Physical therapy</b> (15 visits per benefit period)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Occupational therapy</b> (12 visits per benefit period)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Speech therapy</b> (12 visits per benefit period)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Respiratory therapy</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Manipulation therapy</b> (15 visits per benefit period)	10% coinsurance after deductible	20% coinsurance after deductible
<b>Mental Health (MH) and Substance Use Disorder Services (SUD)</b>		
<b>MH &amp; SUD detoxification inpatient services</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>MH &amp; SUD rehabilitation outpatient services</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Additional Services</b>		
<b>Home healthcare services</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Durable medical equipment and supplies; prosthetic appliances and orthotic devices</b>	10% coinsurance after deductible	20% coinsurance after deductible

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. An independent licensee of the Blue Cross Blue Shield Association.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.

In-network providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost-sharing amount may apply to the facility fee.

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