Schedule of Benefits - HMO

Group 608050 - ALTOONA SCHOOL DISTRICT
Benefit Year: August 1st through June 30th
Effective Date: 08/01/2015

SecurityHealth Plan®
www.securityhealth.org

Security Health Plan certifies that you and any covered dependents have coverage as described in your Certificate and Schedule of Benefits as of the effective date shown on the letter you received with your identification cards, subject to the terms, conditions, exclusions, limitations and all other provisions of the group policy.

This Schedule shows your specific cost-sharing, as well as any additional benefits, limitations or exclusions not shown in your Certificate. It also provides a very general summary of your benefits for certain types of services; **you will need to read it in conjunction with your Certificate for details about your coverage.** Benefits are calculated according to the benefit year shown above. **NOTE: All services must be received from affiliated providers, except as otherwise described in the Certificate.**

Your Responsibilities	
Deductible	$2,000 per individual $4,000 per family
Office visit copayment	$25 copayment per office visit (Copayment does not apply to preventive exams)
Emergency room facility copayment (Waived if admitted to the hospital as an inpatient)	$100 copayment per visit Balance of charge after copayment applies to annual deductible. Copayments continue after deductible has been satisfied.
Annual out of pocket (Deductible & copayments)	$4,000 per individual $8,000 per family
Student coverage follow up care In addition to the benefits described in the Follow-up Care section of the Certificate, students living outside of the service area for the purpose of attending school (other than secondary school), are provided benefits for covered services from non-affiliated providers.	Such coverage shall be provided at the in network level of benefits.

Your Benefits	
Ambulance services	Subject to deductible
Anesthesia services	Subject to deductible
Chiropractic services	Subject to deductible
Durable medical equipment and medical supplies (Including insulin pump and supplies)	Subject to deductible
Hearing examinations	Subject to deductible
Home health care	Subject to deductible (Limited to 40 visits per individual per calendar year)
Hospice care	Subject to deductible

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Your Benefits	
Hospital emergency room services	
• **Emergency room facility** (Copayment waived if admitted to hospital as inpatient)	$100 copayment per visit Balance of charge after copayment applies to annual deductible. Copayments continue after deductible has been satisfied.
• **Other emergency room services**	Subject to deductible
Hospital inpatient services (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible
Hospital outpatient and surgical center services	Subject to deductible
Maternity services	
• **Hospital services**	Subject to deductible
• **Physician services**	Subject to deductible
Mental health services	
• **Inpatient care**	Subject to deductible
• **Outpatient care**	6 days covered at 100% per calendar year then subject to deductible
• **Transitional care**	6 days covered at 100% per calendar year then subject to deductible
Office visits	$25 copayment per office visit (Copayment does not apply to preventive exams)
Outpatient laboratory services	Subject to deductible
Outpatient radiology services	Subject to deductible
Outpatient therapy services	
• **Occupational therapy**	Subject to deductible
• **Physical therapy**	Subject to deductible
• **Speech therapy**	Subject to deductible
Physician services	
• **Hospital services**	Subject to deductible
• **Other services in an office**	Subject to deductible (Preventive immunizations covered at 100%)

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Your Benefits	
Preventive benefit Please refer to Security Health Plan's Preventive Service Guidelines at www.securityhealth.org for service frequency recommendations.	
• **Comprehensive physical examination** (complete physical) ~ Well-baby care ~ Well-child care ~ Adolescent well-care ~ Adult well-care	Covered at 100%
• **Gynecological examination for women** (breast exam and pelvic exam)	1 per calendar year then subject to deductible
• **Digital prostate examination for men**	1 per calendar year then subject to deductible
• **Preventive hearing test**	1 per calendar year then subject to deductible
• **Comprehensive preventive vision examination**	1 per calendar year then subject to deductible
• **Mammogram to screen for breast cancer**	1 per calendar year then subject to deductible
• **Pap smear to screen for cervical cancer**	1 per calendar year then subject to deductible
• **Colonoscopy screening for colorectal cancer**	1 every two years then subject to deductible
• **Other screenings for colorectal cancer** ~ Sigmoidoscopy ~ Double contrast barium enema ~ Fecal occult blood testing	1 per calendar year then subject to deductible
• **Screening laboratory services** Including, but are not limited to: basic metabolic panel, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), prostate specific antigen (PSA), and urinalysis.	Each laboratory service covered at 1 per calendar year then subject to deductible
• **Bone mineral density (dexa scan) to screen for osteoporosis in women**	1 per calendar year then subject to deductible
• **Chlamydia screening for women**	1 per calendar year then subject to deductible
• **Ultrasound for screen of an abdominal aortic aneurysm for men**	1 per calendar year then subject to deductible
• **Immunizations and vaccinations** (including those needed for travel)	Covered at 100%
Skilled nursing facility	Subject to deductible (Limited to 30 days per individual per confinement)

Your Benefits	
Substance abuse services	
• **Inpatient care**	Subject to deductible
• **Outpatient care**	6 days covered at 100% per calendar year then subject to deductible
• **Transitional care**	15 days covered at 100% per calendar year then subject to deductible
Surgical services	Subject to deductible
Temporomandibular joint disorders or TMJ non-surgical treatment	Subject to deductible
Transplant services	Subject to deductible
Vision examinations	Subject to deductible

Pharmacy	
• Up to 30 days worth of medication constitutes a 1-month supply. For most maintenance medications you may receive up to a 90-day supply and if applicable, 3 copayments and/or coinsurance and/or deductible will be assessed. • Pharmacy mail service may supply maintenance medications in a 90-day supply and if applicable, 2 copayments and/or coinsurance and/or deductible will be assessed. • Copayments and/or coinsurance and/or deductible will be assessed on oral anti-diabetic medications. • 100% coverage for tier 1 and tier 2 insulin and diabetic testing supplies. (Not subject to deductible, if applicable.) • Insulin and diabetic testing supplies not listed on tier 1 or tier 2 of the Formulary Guide will require medical exception review from the Security Health Plan Pharmacy Services Department. (This does not include insulin pumps and related supplies. Please refer to the durable medical equipment section of the Schedule of Benefits for coverage.) • 100% coverage for smoking cessation products, limited to 180 days per calendar year, as indicated in the Formulary Guide. • Limited coverage for sexual dysfunction medications (e. g. Viagra®), as indicated in the Formulary Guide. • Over-the-counter (OTC) medications are generally excluded; however, coverage may be provided for selected OTC medications with a prescription authorization, as indicated in the Formulary Guide. • The use of a specialty pharmacy may be required for select medications, as indicated in the Formulary Guide.	$10 copayment per tier 1 prescription or refill. $25 copayment per tier 2 prescription or refill. $50 copayment per tier 3 prescription or refill. Deductible, copayments and coinsurance may apply to the max out of pocket amounts.

Dependent Coverage
Dependent children are covered from birth through the end of the month they attain the age of 26. In addition, a child who meets the criteria above and is a full-time student as defined in the Certificate has an extension past age 26 IF the child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was under 27 years of age and attending, on a full-time basis, an institution of higher learning. Such extension ends on the date described in the full-time student definition in the Certificate.