

"This document replaces pages 4 and 5 of the Health Benefits Plan booklet."

**STARK COUNTY SCHOOLS COUNCIL OF GOVERNMENTS  
Health Care Consortium**



**SCHEDULE OF BENEFITS**



MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
<b>PLAN PROVISIONS</b>		
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible	\$100/person* \$200/family	\$200/person** \$400/family
Coinsurance Out-of-Pocket Limit (Excludes Deductible )	\$500/person \$1,000/family	\$1,000/person \$2,000/family
Maximum Out-of-Pocket Limit (Sum of Deductible and Coinsurance)	\$600/person \$1,200/family	\$1,200/person \$2,400/person
<b>CARE IN-HOSPITAL</b>		
Semi-Private Room	90%*	80% **
Surgery	90%*	80% **
Anesthesia	90%*	80% **
In-hospital (medical)	90%*	80% **
X-Ray and Radioactive Therapy	90%*	80% **
Respiratory Therapy	90%*	80% **
Acute Kidney Dialysis	90%*	80% **
Diagnostic Lab/X-Ray	90%*	80% **
Emergency Care of accident/acute life threatening illness (Emergency Room/Facility)	90%*	90% **
Non-Emergency Care (Emergency Room/Facility)	90%*	80% **
Surgical Assistance	90%*	80% **
Pre-Admission Testing	90%*	80% **
<b>AS AN OUTPATIENT</b>		
Lab/X-Ray/Diagnostic Services	90%*	80% **
Same Day Surgery	90%*	80% **
Speech/Occupational Therapy (illness/injury related)	90%*	80% **
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80% **
Respiratory Therapy	90%*	80% **
<b>MATERNITY CARE</b>		
	90%*	80% **
<b>MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE</b>		
Inpatient Care Based on corresponding medical benefits	90%*	80% **
Outpatient care Based on corresponding medical benefits	90%*	80% **
<b>OTHER SERVICES</b>		
Home Health Care (Plan Approval Required)	90%*	80% **
Hospice Care (Plan Approval Required)	90%*	80% **
Skilled Nursing (Plan Approval Required)	90%*	80% **
Durable Medical	90%*	80% **
Ambulance	80%* (after Network deductible)	
Allergy Extracts	80%* (after Network deductible)	

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
<b>OTHER SERVICES (continued)</b>		
PRESCRIPTION DRUG PROGRAM (see benefit booklet)	Patient pays 20% Mandatory maintenance mail order Mandatory generic	
<b>PREVENTIVE CARE</b>		
Eligible preventive services have been determined by recommendations and comprehensive guidelines of governmental scientific committees and organizations. For further details, refer to your benefit book or Summary Benefit Plan (SPD), or call your plan at the phone number shown on your ID card.		
Routine Physical Exam (one per calendar year)	100%	80% **
Prostate Screening (one per calendar year)	100%	80% **
Adult Immunizations	100%	80% **
Routine GYN Exam (two per calendar year)	100%	80% **
Routine Mammography (one per calendar year)	100%	80% **
Pap Test (one per calendar year)	100%	80% **
Well Child Care (including immunizations- up to 21 years of age)	100%	80% **
Colon Cancer Screening (beginning at 50 years of age)	100%	80% **
<b>PHYSICIANS OFFICE</b>		
Allergy Testing/Injections	90%*	80% **
Visits for Illness	90%*	80% **
Emergency Care	90%*	80% **
Minor Surgery	90%*	80% **
Diagnostic Testing	90%*	80% **
Speech/Occupational Therapy (illness/injury related)	90%*	80% **
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80% **
Respiratory Therapy	90%*	80% **
<b>AFFILIATES</b>		
Chiropractors	90%*	80% **
Podiatrists	90%*	80% **
<b>PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.</b>		
*An annual deductible of \$100 per person/\$200 per family is applied first before any benefits are paid to Network Providers. Coinsurance is subject to an annual maximum of \$500 per person/\$1,000 per family. Once you have met this maximum, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.		
**An annual deductible of \$200 per person/\$400 per family is applied first before any benefits are paid to Non-Network Providers. Benefit payments for Non-Network provider services are based on an Allowed Amount. Coinsurance is subject to an annual maximum of \$1,000 per person/\$2,000 per family. Once you have met this maximum, the Plan begins to pay covered medical services at 100% of the allowed amount, except for penalties, which are not included in the 100% reimbursement provision.		
The age limit for an eligible dependent child is the end of the month which the child attains age 28 or age 28 providing the child has applied and met all eligibility requirements. The Dental and Vision plans have different dependent eligibility requirements. See Dental and Vision plan summaries for details.		

# Preventive Care Benefits and Services

Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

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## Newborn Care (Birth to Age 1)

- Newborn screenings, including sickle cell anemia
- Screening for heritable diseases
- Gonorrhea prophylaxis

## Child Preventive Care (Birth to Age 21)

- Well Child Exam (including lab services)
- Vision screening
- Hearing screening
- Dental caries prevention
- Developmental and behavioral assessments
- Lead exposure screening
- Iron deficiency anemia screening
- Tuberculosis screening
- Cervical dysplasia screening
- Cholesterol and lipid level screening
- Depression screening
- Screening and counseling for obesity
- Behavioral counseling to promote healthy diet
- Screening and counseling for sexually transmitted infections

## Child Immunizations

- Hepatitis A and B
- Diphtheria, Tetanus, Pertussis (DtaP)
- Varicella (chicken pox)
- Influenza (flu shot)
- Pneumococcal vaccine (pneumonia)
- Human Papilloma Virus (HPV)
- Haemophilus influenza type B (HIB)
- Polio
- Measles, Mumps Rubella (MMR)
- Meningococcal vaccine
- Rotavirus

## Adult Preventive Care (Age 21 and older)

- Routine Physical Exam
- Cholesterol and lipid level screening
- Depression screening
- Diabetes screening
- Sexually transmitted diseases screening
- HIV screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy (beginning at 50 years of age)
- Abdominal aortic aneurysm screening in males
- High blood pressure screening

## Counseling and Education Interventions

- Screening and counseling for obesity
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease
- Screening and behavioral counseling related to tobacco abuse
- Screening and behavioral counseling related to alcohol abuse

## Adult Immunizations

- Hepatitis A and B
- Tetanus, Diphtheria, Pertussis (td, Tdap)
- Influenza (flu shot)
- Pneumococcal vaccine (pneumonia)
- Human Papilloma Virus (HPV)
- Measles, Mumps, Rubella (MMR)
- Meningococcal vaccine
- Herpes Zoster (shingles)

## Women's Services

- Well women visits
- HPV DNA Testing
- Cervical cancer screening (Pap test)
- Breast cancer screening (Mammogram)
- Discussion of chemoprevention with women at high risk for breast cancer
- Bone density test to screen for osteoporosis in females
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV)
- Breast and ovarian cancer susceptibility screening
- Primary care intervention to promote breastfeeding
- Breastfeeding counseling and breast pumps
- Up to 20 visits for lactation classes
- FDA-approved contraception methods for women, including sterilization
- Screening and counseling for interpersonal and domestic violence

These recommendations are for your information only. They are not intended to be, and should not substitute for, professional medical advice, diagnosis or treatment from your treating medical professional. Decisions about care need to be individualized and should be made in concert with treating medical professionals. The information provided does not establish or imply coverage for any particular treatment or service. Any recommended treatment or service may not be covered. Eligibility and coverage depend on the specific terms and conditions of your benefit plan.