

Benefits summary:



Coverage period: 01.01.2024 to 12.31.2024

POS PriorityHSA

BENZIE COUNTY CENTRAL SCHOOLS

Empowering members to take greater control of their health care spending

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

| Member cost-sharing | Preferred benefits | Alternate benefits |
|---|---|---|
| Aggregate Deductible <i>The amount you pay before we begin to pay.</i> | \$1,600 individual/\$3,200 family | \$3,200 individual/\$6,400 family |
| Coinsurance <i>Your share of the costs of a covered health care service.</i> | 20% coinsurance for services after deductible is met, except where noted. | 40% coinsurance for services after deductible is met, except where noted. |
| Coinsurance maximum <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i> | Not applicable | Not applicable |
| Out-of-pocket limit <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i> | \$2,200 individual/\$4,400 family | \$4,400 individual/\$8,800 family |
| Office visits | Preferred benefits | Alternate benefits |
| Primary care provider (PCP) | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Specialists | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Urgent care | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Virtual Care Services <i>For medical and behavioral health visits</i> | Covered in full after deductible | 40% coinsurance after deductible |
| Allergy testing, serum and injections | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Retail health clinic <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i> | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Mental and behavioral health | Preferred benefits | Alternate benefits |
| Inpatient hospital | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Outpatient office visits | 20% coinsurance after deductible | 40% coinsurance after deductible |

| Prescription drug coverage | | |
|--|--|--|
| Visit priorityhealth.com and search <i>Optimized</i> or <i>Traditional</i> in the Approved Drug list to see coverage and pricing information. | | |
| Formulary | Traditional | |
| Tier 1 | \$10 copayment; after deductible | |
| Tier 2 | \$40 copayment; after deductible | |
| Tier 3 | \$80 copayment; after deductible | |
| Tier 4 | \$40 copayment; after deductible | |
| Tier 5 | \$80 copayment; after deductible | |
| Mail Order | Tier 1/2/3 = 2x, after deductible | |
| Preventive care | Preferred benefits | Alternate benefits |
| Preventive care, immunizations | Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com | 40% coinsurance after deductible |
| Laboratory and X-ray | Preferred benefits | Alternate benefits |
| Radiology | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Advanced imaging (CT/ PET/MRI) | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Laboratory | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Emergency services | Preferred benefits | Alternate benefits |
| Emergency room | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency transportation/ ambulance services | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Hospital care | Preferred benefits | Alternate benefits |
| Inpatient hospital physician services | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Surgery and/or facility fee | 20% coinsurance after deductible; exceptions apply | 40% coinsurance after deductible; exceptions apply |
| Bariatric surgery | 20% coinsurance after deductible; covered once per lifetime | 40% coinsurance after deductible; covered once per lifetime |
| Outpatient care | Preferred benefits | Alternate benefits |
| Skilled nursing services and residential treatment | 20% coinsurance after deductible; Up to 90 days covered per member each contract year | 40% coinsurance after deductible; Up to 45 days covered per member each contract year |
| Outpatient surgery | 20% coinsurance after deductible | 40% coinsurance after deductible |
| In-home and hospice care | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Rehabilitation services and devices | Preferred benefits | Alternate benefits |
| Physical and occupational therapy | 20% coinsurance after deductible Maximum 50 visits per member per contract year, combined Preferred and Alternate | 40% coinsurance after deductible Maximum 50 visits per member per contract year, combined Preferred and Alternate |
| Chiropractic care | 20% coinsurance after deductible Maximum 30 visits per member per contract year, combined Preferred and Alternate | 40% coinsurance after deductible Maximum 30 visits per member per contract year, combined Preferred and Alternate |
| Speech therapy | 20% coinsurance after deductible; Maximum 50 visits per member per contract year, combined Preferred and Alternate | 40% coinsurance after deductible Maximum 50 visits per member per contract year, combined Preferred and Alternate |
| Prosthetic and orthotic support | 10% coinsurance after deductible | 50% coinsurance after deductible |
| Durable medical equipment (DME) | 10% coinsurance after deductible | 50% coinsurance after deductible |

| Family planning and maternity care | Preferred benefits | Alternate benefits |
|--------------------------------------|---|----------------------------------|
| Family planning | 50% coinsurance after deductible | 50% coinsurance after deductible |
| Routine prenatal and postpartum care | Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services after deductible | 40% coinsurance after deductible |
| Maternity delivery and nursery care | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Tubal ligation | Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery | 40% coinsurance after deductible |
| Vasectomy | 20% coinsurance after deductible | 40% coinsurance after deductible |

| Riders | |
|--|---|
| Oral and non-oral treatment for sexual dysfunction – matching drug copay | Coverage is limited to the following: injectable, intra-urethral and oral tablets. Prescription must be certified by Priority Health. |
| Durable medical equipment | 90% coverage |
| Prosthetics and orthotics | 90% coverage |
| Hearing | One hearing test plus one hearing aid every 36 contract months; in network only. |
| Rehabilitative medicine | 20 additional visits from the standard 30 visits. Does not include chiropractic visits. |
| Skilled Nursing Facility | Skilled nursing facility services are covered up to 90 days. |

Additional benefits:



Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.



Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.