	Stockbridg		Community Schools 10-1-2020 to 9-30-2021 Medical/Rx - Plan Highlights \$4,000 Deductible HSA - BCBSM		\$6,350 Deductible HSA - BCBSM	
Partial listing of	3100 Deductible HR	A - BCBSM/EHIM	54,000 Deductio	ie HSA - BCBSM	36,350 Deductibl	e HSA - BCBSM
Covered services Deductible and Out-	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	\$100 per person	\$10,000 per person	\$4,000 per person	\$8,000 per person	\$6,350 per person	\$12,700 per person
Annual Deductible	\$200 per family	\$20,000 per family	\$8,000 per family	\$16,000 per family	\$12,700 per family	\$25,400 per family
Annual medical out-of pocket maximum	\$100 per person \$200 per family	\$12,700 per person \$25,400 per family Member could pay	\$6,350 per person \$12,700 per family	\$12,700 per person \$25,400 per family	\$6,350 per person \$12,700 per family	\$15,000 per person \$30,000 per family
Annual Rx out-of-	\$800 per person					
pocket maximum	\$1,600 per family	more due to U&C restrictions				
Preventive						
Annual physical Immunizations and	-	Most preventative services not covered. Mammography and		Most preventative services not covered Mammography and		Not covered
Prenatal					you pay nothing	
Postnatal, family	l same	Colonoscopy		Colonoscopy covered	(deductible waived)	
planning & screenings	you pay nothing	covered at 40%	you pay nothing	at 50% member cost-		
Preventative Care Drugs		member cost-share. See benefit summary or contact BCBSM for more details.		share. See benefit summary or contact BCBSM for more details.		
Office Visits						
Illness or injury Physical, occupational						
therapy, speech			870 %	2000 S	₹gp es	you pay 20% after
Chiropractic care Mental / Chemical	\$20 Co-pay	you pay 40% after deductible	you pay 50% after deductible	you pay 50% after deductible	you pay nothing after deductible	deductible; you pay nothing for outpatient
health care	3 323 · ·	dedactions	desiction	ucusciore	deduction	mental health
Retail Clinic						
Emergency Care			WE 15 2 16 2 16 72		No. 19 Profession	
Care at an urgent care clinic or medical	\$40 Co-pay	you pay 40% after deductible	you pay 50% after	you pay 50% after deductible	you pay nothing after deductible	you pay nothing after deductible for ER; you
Emergency care at a	\$250 Co. pay	\$250 Co-pay			you pay nothing after	pay 20% after
hospital ER Inpatient Hospital	\$250 Co-pay	\$250 Co-pay			deductible	deductible for urgent
Care						
Illness or injury	you pay nothing after	you pay 40% after	you pay 50% after	you pay 50% after	you pay nothing after	you pay 20% after
Mental / Chemical health care	deductible	deductible	deductible	deductible	deductible	deductible
Outpatient Care	2872	8749 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PARTY NEWSFILM			
Scheduled outpatient procedures	you pay nothing after	you pay 40% after	you pay 50% after	you pay 50% after	you pay nothing after	you pay 20% after
MRI/CT	deductible	deductible	deductible	deductible	deductible	deductible
Durable Medical Equipment (DME)						
Equipment (DOLE)	\$1,684 limit per ear for hearing aid, plus \$250 for other		Not covered	Not covered	Not covered	Not covered
Hearing Aids	services					
DME & prosthetic devices	you pay nothing after deductible	you pay 20% after deductible	you pay 50% after deductible	you pay 50% after deductible	you pay nothing after deductible	you pay nothing after deductible
Pharmacy Highlights	SECULATION SECTION		MANGE ENSINEERS	THE PARTY NAMED IN	INVESTIGATION AND AND ADDRESS.	Advantage (Advantage (
Partial listing of covere					Property of the Control of the Contr	A CONTRACTOR OF THE PARTY OF TH
TOWNSHIP SHOWS THE PARTY OF THE PARTY.	ed services		STREET, STREET	Lacation Committee		和自然的政治的特殊的政治
		harmacy	Retail P	harmacy	Retail Pl	narmacy
Generic preferred		\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.	Retail P	harmacy	Retail Pl	iarmacy
Generic preferred Brand preferred	Retail P	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on	you pay 50% after deductible	you pay 50% after deductible plus an additional 20%	Retail Pl you pay nothing after deductible	you pay 20% after deductible
	Retail P	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on	you pay 50% after deductible	you pay 50% after deductible plus an	you pay nothing after	you pay 20% after
Brand preferred	\$10 copay \$40 copay \$80 copay	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary). Member may not be fully reimbursed based on Usual & Customary.	you pay 50% after deductible	you pay 50% after deductible plus an additional 20%	you pay nothing after	you pay 20% after deductible
Brand preferred	\$10 copay \$40 copay \$80 copay Mail Order Pharm sup	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.	you pay 50% after deductible Mail Order Pharm suj	you pay 50% after deductible plus an additional 20%	you pay nothing after deductible	you pay 20% after deductible
Brand preferred	\$10 copay \$40 copay \$80 copay	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary). Member may not be fully reimbursed based on Usual & Customary.	you pay 50% after deductible	you pay 50% after deductible plus an additional 20%	you pay nothing after deductible	you pay 20% after deductible

