



Washington County

2019 Schedule of Medical Benefits

Option ID: WAC4J



Group ID: SFWAC

Prior Authorization - Veridicus Care Management (VCM) - 855-586-2568
 Prior Authorization - Blomquist Hale (BH) 800-926-9619 for mental health or chemical dependency

Utah Network - **Wise**

Claims Address:

P.O. Box 1807
 Draper, UT 84020

Traveling outside of Utah - **Multiplan**

EDI Payer ID: 88067

Customer Service Number: 877-453-4201

Coverage begin the first of the month following date of hire.
 Coverage terminates the last day of the payroll period of which an employee terminates employment; the last day of the month premiums were not paid.
 Refer to Plan Document for specific termination of coverage.

Minimum weekly hours for full time: 30 hours

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits	
Annual Deductibles (Does not include co-payments)	Individual \$1,000 Family \$2,000	Individual \$1,000 Family \$2,000	Note: Limits are per person per calendar year. Network and Non Network deductible and out of pocket do not cross apply.	
Annual Co-Insurance Out of Pocket Maximums (Includes Medical Deductible and Medical & Rx Co-payments)	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$6,000		
Office Visits - Primary Care (exams or consultations)	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Office Visits - Primary Care - After Hours (exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Office Visits - Specialist (exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Office Services Performed in Physician's Office - basic services with exam, including: injections, surgery (minor and major), sterilization, anesthesia, medical supplies, radiology and pathology. (does not include pain mgmt injections, chemotherapy)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Wellness Care - Adult	Plan pays 100%	Not Covered		
Wellness Care - Children	Plan pays 100%	Not Covered		
Colonoscopy - Wellness	Plan pays 100%	Not Covered		
Wellness Care includes: 1 routine physical per year, 1 routine gynecological exam per year, 1 family history exam per year, 1 routine pap smear & mammogram per year, routine well-baby exams, covered immunizations, 1 routine hearing exam per year, 1 colonoscopy screening every 5 years for covered person over the age of 50. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Eye examinations covered under vision plan.				
Allergy Treatment - Injections	Covered at 100%	Deductible, then Plan pays 60% of allowed amount		
Allergy Treatment - Serum	\$50 per person per year, then plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Allergy Treatment - Testing	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
Acupuncture	\$25 co-pay, then Plan pays 100%.	\$25 co-pay, then Plan pays 100%.	Limited to 20 visits per person per year	
Ambulance	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	In Life threatening situations the deductible is waived and benefits paid at 80% of charges	
Birth Control / IUD	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount		
***Chemical Dependency - Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Prior Authorization Required through Blomquist-Hale 800-926-9619	
***Chemical Dependency - Outpatient	\$25 co-pay then Plan pays 100%.	Deductible, then Plan pays 60% of allowed amount	Prior Authorization Required through Blomquist-Hale 800-926-9619	
Chemotherapy/Radiation Therapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount		

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits
Chiropractic Services	\$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of allowed amount	Limited to 20 visits per person per year
Colonoscopy - Medical	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Dental Injury Treatment	Plan pays 80%	Plan pays 80%	Orthodontic Injury Treatment covered at 100% to a maximum of \$500 per occurrence
Diabetic Education	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Diagnostic Services - Basic labs x- rays(related to office visit or ordered by a physician, LabCorp, etc)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	
Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Diagnostic Services - Minor (ultrasounds, bone density, ecography,etc)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Dialysis	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Durable Medical Equipment (includes orthotics & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Orthotic devices for feet limited to \$200 per person per year. Prostheses once every 5 years unless medically necessary or due to growth
Emergency Room - Facility (co-pay waived if admitted)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	First \$500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in- network benefit level
Emergency Room - All other covered services other than facility charges	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	By going to an out of network hospital the patient may be balanced bill.
Gastric Bypass Surgery / Lap Banding	Not covered		
Growth Hormones	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Not for athletic performance
* Home Health Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
* Hospice Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
* Hospital - Inpatient Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Hospital - Outpatient Services (not surgery)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Impacted Teeth/Cysts/Tumors	Deductible, then Plan pays 80% Deductible waived for impacted teeth	Deductible, then Plan pays 60% of allowed amount Deductible waived for impacted teeth	Must use TDA contracted provider in order to receive in-network benefits for Impacted Teeth
Infertility Services - Testing	Deductible, then Plan pays 80%	Not covered	Initial exam and testing only
Infertility Services - Treatment	Not covered		
Maternity - Prenatal Office Visits Only (billed separately from total delivery)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	Coverage for all female participants. Grandchildren are not covered.
Maternity - Basic labs/x-rays (related to office visit, LabCorp)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	Coverage for all female participants. Grandchildren are not covered.
Maternity (including birthing center or mid-wife) Dependents covered for maternity (baby is not covered)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Non-network midwifery services will be covered as in-network. Coverage for all female participants. Grandchildren are not covered.
Medical Supplies (To include but not limited to: Diabetic test strips and Insulin pumps)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
***Mental Health - Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Prior Authorization Required through Blomquist-Hale 800-926-9619
***Mental Health - Outpatient	\$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of allowed amount	Prior Authorization Required through Blomquist-Hale 800-926-9619
Naturopathy / Homeopathic Services	\$25 co-pay, then Plan pays 100%.		Prescribed by a THS contracted physician; Brian Hardy, Fuller Royal or Dennis Remington
Nutraceuticals and Homeopathic Products	Plan pays 100%		
Newborn Care	Plan pays 80%, deductible waived	Deductible, then Plan pays 60% of allowed amount	Initial birth and continuing care in Hospital.

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits
Pain Management Injections	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Parenteral Nutrition	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Limited to an annual maximum of \$10,000 including supplies and equipment
Outpatient Therapy Physical, Speech and Occupational	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Only covered if given to restore person to original health.
* Outpatient Surgery	Deductible, then Plan pays 90%	Deductible, then Plan pays 70% of allowed amount	
Orthognathic Surgery Osteotomy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Benefit is limited to diagnosis and non surgical treatment only
* Residential Treatment Facilities (Inpatient Services)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Chemical Dependency; Substance Abuse; Mental Health
Residential Treatment Facilities (Outpatient Services)	\$40 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	
* Skilled Nursing	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Sleep Studies (Related to sleep apnea only)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Sterilization (Men)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	If performed in office setting, covered at 100%.
Sterilization (Women)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	Inpatient and Outpatient
TMJ and Orthognathic	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Benefit is limited to diagnosis and non surgical treatment only
* Transplant	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
Urgent Care Center / Insta Care / 24 Hours	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	First \$500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in-network benefit level. Place of service not relevant.

Separate Annual Prescription Co-Insurance Out of Pocket Maximums
Individual \$3,500
Family \$7,200

Covered Prescription Drugs- Magellan Customer Service: 1-877-879-9722 Magellan Pre-Auth Line 1- 877-879-9922 Rx BIN: 610245 Rx PCN: 05780000 Website-www.magellanhealth.com	Generic-\$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy. Specific Over the counter medications covered with written prescription from physician. Specialty Drugs limited to 30 day supply
Mail Order Drugs Magellan Rx Home Deliver 801-433-6233 or 855-271-4810 90-day supply also available through Retail Pharmacies	Generic-\$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	

Restated January 1, 2019

***Pre Certification Required by VCM. Failure to obtain prior authorization may result in a reduction of \$250 or denial of benefits.**

***** Pre-certification required by Bloomquist-Hale. 1- 801-262-9619**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.
 RAPS - services provided by facility based radiologists, anesthesiologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit

Newborns are automatically added to the Plan.

Dependents Covered to Age 26 Regardless of student or marital status.

Timely Filing - 12 months from the date service incurred.

Life Threatening services incurred at an out of network provider will be paid in network.

Coordination of Benefits - Supplemental meaning the Plan will pay up to 100% of eligible expenses.

Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.

As of 1/1/2014 - No pre-existing on Employees or Dependents

Out of Country Care – if a participant is traveling outside of the country for medical care claims will be paid non-network. If a participant has a true emergency or a life threatening event claims will be paid in-network.

We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Visit www.talltreehealth.com to view eligibility, access claim history and link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.

Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.