## SOUDERTON AREA SCHOOL DISTRICT SCHEDULE OF BENEFITS

Benefit <sup>*</sup>	<u>Green Plan</u> In- Out-of- Network Network		<u>Red Plan</u> In- Out-of- Network Network		<u>Blue Plan</u> In- Out-of- Network Network	
Facility Charges – Hospital Semi-private room and ancillaries, Skilled Nursing	100% *	100% *	100% *	80%*	90% *	70% *
Home Health Care, Hospice, Birthing Facility	100% *	100%*	100% *	80%	90%	70%
Surgery	.100% *	100% *	100% *	80%	90%	70%
Anesthesia	100% *	100% *	100% *	80%	90%	70%
Physician Office Visits	100% * after \$10 copay	85%	100% * after \$10 copay	80%	100% * after \$10 copay	70%
Diagnostic X-Ray & Lab	100% *	100% *	100% *	80%	90%	70%
Emergency Room Services.	100% * after \$10 copay	100% * after \$10 copay	100% * after \$10 copay	100% * after \$10 copay	100% * after \$10 copay	100% * after \$10 copay
Non-Emergency Visits to Emergency Room	100% * after \$50 copay	100% * after \$50 copay	100% * after \$50 copay	100% * after \$50 copay	100% * after \$50 copay	100% * after \$50 copay
Mental Health – Inpatient Partial Hospitalization Outpatient Facility Outpatient Professional	85% 85% 85% 85%	85% 85% 85% 85%	80% 80% 80% 80%	80% 80% 80% 80%	70% 70% 70% 70%	70% 70% 70% 70%
Substance Abuse – Inpatient Partial Hospitalization Outpatient Facility Outpatient Professional	85% 85% 85% 85%	85% 85% 85% 85%	80% 80% 80% 80%	80% 80% 80% 80%	70% 70% 70% 70%	70% 70% 70% 70%
All Other Covered Expenses	100% *	85%	100% *	80%	90%	70%

<sup>\*</sup> Indicates that no Major Medical Deductible will be taken.



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Wellness Benefits, per Ca	lendar Year					
Well Baby Care,						
including						
Immunizations-		:				
Birth to 1 Year - up to 4			•			
visits per Calendar Year	100% *		100% *		100% *	
Age 1 to Age 3 – up to 3						
visits per Calendar Year	100% *		100% *		100% *	
Well Child Care -						
3 years of age and older,	·					
up to\$300per child per	100% *		100% *		100% *	
Calendar Year					1	
Adult Wellness, for						
employees and spouses						
Routine physical exam,						
including GYN exam,	100% *		100% *		100% *	
up to \$300 per Adult per					10070	
Calendar Year			ļ			
			I		,	
Deductibles, per Calenda	r Year					
Major Medical:						
Individual –	-0-	\$250	\$	250	\$50	00
Family -	-0-	\$750	\$	750	\$1,:	
Common Accident -	-0-	\$250	\$:	250	\$5	
Inpatient						
Hospitalization:						
Individual -	No separate deductible		\$250		\$250	
Family -	No separate deductible		\$1,000		\$1,000	
Out of Pocket Maximum.	s, per Calenda	r Year				
Individual	-0-	\$300	<b>\$</b> 1	,000	\$2,	200
Family	-0-	\$900		,000	\$6,	
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Plan Maximum, per person - \$1,000,000 lifetime Plan Maximum, per person, for Substance Abuse Care - \$50,000 lifetime

This schedule is a summary of benefits available to you through the Souderton Area School District. It is not intended to cover every situation. For full details of plan coverages, limitations and exclusions, please refer to your benefit booklet. AmeriHealth Administrators will be producing benefit booklets for all enrolled employees. In the interim, please refer to the CoreSource booklet for current benefit information.