

Part-Time Benefits - Consumer Driven Health Plan (CDHP-HSA)– Schedule of Benefits

HSA – ANNUAL AMOUNT FUNDED BY DEPAUL: This amount can be used to pay for eligible health expenses.	\$250 Single \$500 > Single	
LIFETIME COMPREHENSIVE MAJOR MEDICAL COVERAGE: Total lifetime maximum.	Unlimited	
	In-Network	Out-of-Network
DEDUCTIBLE: Per calendar year. Family deductible must be met before any family member receives benefits under the Health Plans. In-Network and Out-of-Network deductibles cross feed each other (i.e., in-network charges apply to the out-of-network deductible and vice versa).	\$2,000 single \$4,000 family	\$4,000 single \$8,000 family
OUT-OF-POCKET EXPENSE LIMITATION: The amount of money an individual pays toward covered medical expenses during any one calendar year, including the deductible. In-Network and Out-of-Network charges cross feed each other. Charges exceeding the Schedule of Maximum Allowances (SMA) do not apply to any out-of-pocket limit. Out-of-Network payments are based on SMA. Members can be balance billed.	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family
WELLNESS CARE: Includes all wellness benefits; physicals, immunizations, routine sigmoidoscopy, colonoscopy, routine x-ray and lab; routine mammograms, pap smears, prostate exams, digital rectal exams, and colorectal cancer screenings. No benefit maximum.	100%, deductible does not apply	60%
INPATIENT SERVICES HOSPITAL: Room allowance based on hospital’s semi-private room rate. Includes pre-admission testing, home care, hospice, skilled nursing (limited to 100 days). INPATIENT MENTAL HEALTH/CHEMICAL DEPENDENCY: Paid the same as other inpatient admission.	80%	60%
OUTPATIENT SERVICES (includes on-site and tele-health visits, if appropriate) HOSPITAL: Including radiation, chemotherapy, nuclear scans (MRI, CAT, PET). OUTPATIENT SURGERY & DIAGNOSTIC TESTS: Hospital & Physician. OUTPATIENT REHABILITATION: Includes Cardiac/Pulmonary (limit of 36 visits), physical therapy, occupational therapy, speech therapy, and chiropractic services (chiropractic limited to 20 sessions). Limit of 60 sessions combined for physical, occupational, speech and chiropractic therapies). Additional therapy visits allowed if deemed medical necessary OUTPATIENT MENTAL HEALTH/CHEMICAL DEPENDENCY: Paid same as other outpatient conditions.	80%	60%
PHYSICIAN MEDICAL/SURGICAL CARE: Payments are based on the Eligible Charge. <i>Includes medical and surgical care, anesthetics, durable medical equipment, etc.</i>	80%	60%
DOCTOR’S OFFICE VISITS: Includes specialist visits, medical services provided in a doctor’s or specialist’s office or via tele-health.	80%	60%
INFERTILITY: No lifetime maximum on or after January 1, 2011.	80%	60%
EMERGENCY: (Hospital) Emergency Medical and Emergency Accident - Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions following the standard emergency criteria. If an inpatient admission occurs thereafter, the MSA must be contacted within two business days.	80%	80%
OTHER COVERED SERVICES: Blood and blood components; leg, arm, and neck braces; private duty nursing; Temporomandibular Joint Dysfunction (No LTM limit on or after January 1, 2011); ambulance services; surgical dressings, casts and splints; prosthetic devices. Some states do not solicit certain provider types, if no In-Network provider exists, claims will be payable at 80%.	80%	80%
PRESCRIPTION DRUGS: Benefits are available for drugs purchased from a participating pharmacy or professional provider (retail) or through the home delivery program. Benefits for retail drugs are provided for up to a maximum of a 34 consecutive day supply. Mail order provides up to a 90 day supply of maintenance drugs. The member pays the coinsurance plus the difference when a brand name drug is selected and a generic option is available. If physician indicates dispense as written, the member does not pay difference between brand and generic.	Retail: generic: 80% (\$10 min, \$100 max) formulary: 70% (\$10 min, \$125 max) non-formulary: 65% (\$10 min, \$150 max) after deductible; Mail Order Co-Pay after deductible: \$25 generic \$60 formulary \$100 non-formulary	Retail: generic: 80% (\$10 min, \$100 max) formulary: 70% (\$10 min, \$125 max) non-formulary: 65% (\$10 min, \$150 max) after deductible; Mail Order: N/A
TRANSPLANT COVERAGE: Heart, heart/lung, lung, pancreas, pancreas/kidney, liver transplants in approved facilities paid with prior MSA approval.		
MEDICAL SERVICES ADVISORY (MSA): Notification required prior to all elective admissions. Emergency and obstetric admission notification required within two working days of admittance. Pre-certification is also required for Inpatient Admission, Skilled Nursing Facilities, Private Duty Nursing, and Home Health Care. If employee elects not to notify MSA Advisor or follow advice given, hospital benefits will be reduced by \$500. Benefits will then be paid as per this plan’s provisions.		