



# Schedule of Benefits...

**Specially Designed for Oneta – Gold Plan**

Effective December 1st, 2013

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> <i>Amount Employee pays before coshare percentages</i>	Single: \$2,500 ..... Family: \$5,000	Single: \$5,000 ..... Family: \$10,000
<b>Coshare Percentage</b> <i>Coshare max doubles per family</i>	0%	30% of 1st \$16,667 THEN 0% FOR BALANCE OF YEAR
<b>Hospital Charges – Physician Charges</b> – Office Visit	0% Plan Coshare	30% of Target Prices
<b>Emergency Room Charge</b> <i>Copay is waived if immediately admitted to the hospital</i>	\$250 Copay per Visit	\$250 Copay per Visit
<b>Sickness/Injury – Physician Charges</b> – Office Visit	0% Plan Coshare ..... \$25 Per Visit	30% of Target Prices ..... 30% of Target Prices
<b>WellCare – Physician Charges</b> – Office Visit	0% Plan Coshare ..... Deductible Waived	0% of Target Prices ..... 0% of Target Prices
<b>Other Covered Expenses</b> <i>Coshare Example: Supplies, lab &amp; X-ray, Durable Medical Equipment, Injections, etc</i>	0% Plan Coshare	30% of Target Prices
<b>Retail Prescription Drug</b> – 30 Day Supply	Generic: \$15 Preferred: \$30 Non-Preferred: \$60	40% Plan Coshare All Deductibles Apply
<b>Mail-Order Prescription Drug</b> – 90 Day Supply	Generic: \$37.50 Preferred: \$75 Non-Preferred: \$150	N/A
<b>Care Advocacy Pathway (CAP)</b> <i>Care Advocacy Pathway is often referred to as Chronic Care or Disease Management</i>	0% Plan Coshare DEDUCTIBLE WAIVED	0% Plan Coshare DEDUCTIBLE WAIVED

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## Schedule of Benefits...

### Specially Designed for Oneta – Silver Plan

Effective December 1st, 2013

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> <i>Amount Employee pays before coshare percentages</i>	Single: \$3,000 ..... Family: \$6,000	Single: \$6,000 ..... Family: \$12,000
<b>Coshare Percentage</b> <i>Coshare max doubles per family</i>	10% of 1st \$10,000 THEN 0% FOR BALANCE OF YEAR	20% of 1st \$50,000 THEN 0% FOR BALANCE OF YEAR
<b>Hospital Charges – Physician Charges</b> – Office Visit	10% Plan Coshare	20% of Target Prices
<b>Emergency Room Charge</b> <i>Copay is waived if immediately admitted to the hospital</i>	\$250 Copay per Visit	\$250 Copay per Visit
<b>Sickness/Injury – Physician Charges</b> – Office Visit	10% Plan Coshare ..... \$30 Per Visit	20% of Target Prices ..... 20% of Target Prices
<b>WellCare – Physician Charges</b> – Office Visit	0% Plan Coshare ..... Deductible Waived	0% of Target Prices ..... 0% of Target Prices
<b>Other Covered Expenses</b> <i>Coshare Example: Supplies, lab &amp; X-ray, Durable Medical Equipment, Injections, etc</i>	10% Plan Coshare	20% of Target Prices
<b>Retail Prescription Drug – 30 Day Supply</b> <i>*Copay After Deductible</i>	Generic: \$20 Preferred: \$40 Non-Preferred: \$75	40% Plan Coshare All Deductibles Apply
<b>Mail-Order Prescription Drug – 90 Day Supply</b> <i>*Copay After Deductible</i>	Generic: \$50 Preferred: \$100 Non-Preferred: \$187.50	N/A
<b>Care Advocacy Pathway (CAP)</b> <i>Care Advocacy Pathway is often referred to as Chronic Care or Disease Management</i>	0% Plan Coshare DEDUCTIBLE WAIVED	0% Plan Coshare DEDUCTIBLE WAIVED

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## Schedule of Benefits...

### Specially Designed for Oneta – Bronze Plan

Effective December 1st, 2013

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> <i>Amount Employee pays before coshare percentages</i>	Single: \$6,000 ..... Family: \$12,000	Single: \$12,000 ..... Family: \$24,000
<b>Coshare Percentage</b> <i>Coshare max doubles per family</i>	10% of 1st \$2,500 THEN 0% FOR BALANCE OF YEAR	30% of 1st \$40,000 THEN 0% FOR BALANCE OF YEAR
<b>Hospital Charges – Physician Charges</b> – Office Visit	10% Plan Coshare	30% of Target Prices
<b>Emergency Room Charge</b> <i>Copay is waived if immediately admitted to the hospital</i>	\$250 Copay per Visit	\$250 Copay per Visit
<b>Sickness/Injury – Physician Charges</b> – Office Visit	10% Plan Coshare ..... \$30 Per Visit	30% of Target Prices ..... 30% of Target Prices
<b>WellCare – Physician Charges</b> – Office Visit	0% Plan Coshare ..... Deductible Waived	0% of Target Prices ..... 0% of Target Prices
<b>Other Covered Expenses</b> <i>Coshare Example: Supplies, lab &amp; X-ray, Durable Medical Equipment, Injections, etc</i>	10% Plan Coshare	30% of Target Prices
<b>Retail Prescription Drug</b> – 30 Day Supply <i>*Copay After Deductible</i>	Generic: \$20 Preferred: \$40 Non-Preferred: \$75	40% Plan Coshare All Deductibles Apply
<b>Mail-Order Prescription Drug</b> – 90 Day Supply <i>*Copay After Deductible</i>	Generic: \$50 Preferred: \$100 Non-Preferred: \$187.50	N/A
<b>Care Advocacy Pathway (CAP)</b> <i>Care Advocacy Pathway is often referred to as Chronic Care or Disease Management</i>	0% Plan Coshare DEDUCTIBLE WAIVED	0% Plan Coshare DEDUCTIBLE WAIVED

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## Schedule of Benefits...

**Specially Designed for Oneta Company**

### **Other Coverage Notes:**

- Second Surgical Opinion requested by BAC, Hospice, Centers of Excellence, and Pre-Admission Testing recommended by BAC, and Optional Benefits are paid by the Plan at 100% (0% member out of pocket) of covered expenses.
- Lifetime Maximum for all Benefits paid under this plan is Unlimited.
- Chiropractic Services limited to a maximum benefit of 20 visits per year.
- All in-network services at time of office visit will apply to office visit copay for sickness/injury.
- Network provider for prescription services is Caremark.

**Target Prices** – are used as the maximum allowable payment for out-of-network (non-participating) providers. The Target Price fee schedule applies to provider procedure codes (called CPT-4's or DRG's) and will cover most charges made by a Provider. The Target fee schedule is 115% of the Medicare reimbursement rate, which means that reimbursement is set at 15% more under this Plan than is paid for providing the same service to a Medicare patient. Any provider charge in excess of the Target Price will not be a covered expense under the terms of this Plan and will be the responsibility of the Covered Person.

If you choose to see an out-of-network Provider, you should ask prior to treatment if he or she will accept Target Price (115% of the Medicare reimbursement) as payment-in-full. If the Provider agrees you will not be responsible for any excess charge. Therefore, it is important that you obtain written verification. If not, you will be responsible for paying the balance of the charges.



## Schedule of Benefits...

### **Specially Designed for Oneta Company**

Benefits Based on Usual and Customary

Dental coverage is available at any licensed dentist; there is no network selection required.

	Dental Plan
<b>Plan Year Deductible</b> <i>Employee pays before coshare percentages</i>	\$50 Per Person / \$150 Per Family
<b>Type I – Preventive/Diagnostic:</b> <i>Flouride Treatments, X-rays, Cleanings, Periodic Exams</i>	No Deductible 0% CoShare
<b>Type II – Basic Restorative:</b> <i>Extractions, Fillings, Oral Surgery, Root Canals</i>	Deductible Applies 20% CoShare
<b>Type III – Major Restorative:</b> <i>Bridges, Crowns, Dentures, Partial</i>	Deductible Applies 50% CoShare
<b>Maximum Benefit Paid Per Year:</b> <i>For Type I, II, III Services</i>	\$1,000.00

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