



**UNION COMMUNITY SCHOOL DISTRICT**  
**ACTIVES EDUCATORS GROUP PLAN OPTIONS**  
**EFFECTIVE SEPTEMBER 1, 2018 - JUNE 30, 2019**

Medical		Classic 500	
		In-Network	Out-of-Network
Network		Alliance Select	
Deductible (Annual)	Employee	\$500	
	Family	\$1,000	
Out-of-Pocket Maximum (Annual)	Employee	\$1,000	
	Family	\$2,000	
Coinsurance		10%	20%
Office Visits - Primary Care		10% coinsurance; Deductible waived	20% coinsurance after deductible
Office Visits - Specialty Care		10% coinsurance; Deductible waived	20% coinsurance after deductible
Telehealth - Doctor on Demand		10% coinsurance; Deductible waived	NA
Preventive Care: <i>Adult Health Exam; Well Child to age 7; Well-Woman Services; Immunizations and Routine Vision Exam</i>		0% In-Network	20% coinsurance after deductible
Hospitalization - Inpatient or Outpatient		10% coinsurance after deductible	20% coinsurance after deductible
Emergency Room		10% coinsurance after deductible	20% coinsurance after deductible
Mental Health / Chemical Dependency - Inpatient or Outpatient		10% coinsurance after deductible	20% coinsurance after deductible
Ambulance		10% coinsurance after deductible	20% coinsurance after deductible
Durable Medical Equipment		10% coinsurance after deductible	20% coinsurance after deductible
Outpatient Therapy (Speech, occupational, physical)		10% coinsurance after deductible	20% coinsurance after deductible
Diagnostic X-Rays and Labs		10% coinsurance after deductible	20% coinsurance after deductible
Infertility Benefits**		\$25,000 lifetime maximum for transfer procedures	
Orthotic Devices		10% coinsurance after deductible	20% coinsurance after deductible
Pharmacy		Classic 500	
Network		In-Network Complete Blue Rx	
Rx Deductible (Waived for Tier 1)	Single	Deductible then 20% coinsurance. Medical and Rx Deductible and Out-of-Pocket Maximum are combined.	
Retail Pharmacy (30-day supply)	Family		
	Tier 1		
	Tier 2		
	Tier 3 & 4		
Specialty Preferred			
Specialty Non-Preferred			
RX Out-of-Pocket Maximum	Single		
	Family		
Mall Order (90-day supply)	Tier 1		
Rx Deductible applies; is waived for	Tier 2		
	Tier 1		
	Tier 3 & 4		
Premium Rates		Classic 500	
	Monthly		
Single		\$541.62	
Family		\$1,482.74	
Single - Annual		\$6,499.44	
Family - Annual		\$17,792.88	

**NOTES:**

**Doctor on Demand:** Doctor On Demand is a virtual visit platform that immediately connects you to a board-certified physician by live video on your smartphone, tablet or computer. - Member cost to use Doctor on Demand is the same coinsurance % as that for an Office Visit. Deductible is waived.

\* **Eligible infertility charges:** are covered as any other service and coinsurance will apply to annual out-of-pocket maximum.

**Pharmacy:** If you use a nonparticipating pharmacy, you must pay the amount charged at the time of purchase, and the amount Wellmark reimburses you may be less than what you paid. You are responsible for this difference.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.