

**MT. VERNON COMMUNITY SCHOOL DISTRICT**  
**EDUCATORS GROUP PLAN OPTIONS**  
**EFFECTIVE JULY 1, 2018 - JUNE 30, 2019**

Medical		HDHP 5000 E	
		In-Network	Out-of-Network
Network		Alliance Select	
<b>Deductible</b> (Annual)	Employee	\$5,000	
	Family	\$10,000 *	
<b>Out-of-Pocket Maximum</b> (Annual)	Employee	\$5,000	
	Family	\$10,000 *	
<b>Coinsurance</b>		NA	NA
<b>Office Visits - Primary Care</b>		Deductible Applies	
<b>Office Visits - Specialty Care</b>		Deductible Applies	
<b>Telehealth - Doctor on Demand</b>		\$49 per virtual medical visit	NA
<b>Preventive Care: Adult Health Exam; Well Child to age 7; Well-Woman Services; Immunizations and Routine Vision Exam</b>		0% In-Network	Deductible Applies
<b>Hospitalization - Inpatient or Outpatient</b>		Deductible Applies	
<b>Emergency Room</b>		Deductible Applies	
<b>Mental Health / Chemical Dependency - Inpatient or Outpatient</b>		Deductible Applies	
<b>Ambulance</b>		Deductible Applies	
<b>Durable Medical Equipment</b>		Deductible Applies	
<b>Outpatient Therapy (Speech, occupational, physical)</b>		Deductible Applies	
<b>Diagnostic X-Rays and Labs</b>		Deductible Applies	
<b>Infertility Benefits*</b>		Up to Diagnosis only	
<b>Orthotic Devices</b>		Not Covered	
<b>Pharmacy</b>		HDHP 5000 E	
Network		In-Network Complete Blue Rx	
<b>Rx Deductible (Waived for Tier 1)</b> <b>Retail Pharmacy (30-day supply)</b>	Single	Medical Deductible applies	
	Family		
	Tier 1		
	Tier 2		
	Tier 3 & 4		
	Tier 3 & 4		
<b>Specialty Preferred</b>		Medical Deductible applies	
<b>Specialty Non-Preferred</b>			
<b>RX Out-of-Pocket Maximum</b>	Single		
	Family		
<b>Mail Order (90-day supply)</b> Rx Deductible applies; is waived for Tier 1	Tier 1		
	Tier 2		
	Tier 3 & 4		
<b>Premium Rates</b>		Monthly	
		FSA and HSA	
<b>Single</b>		\$498.97	
<b>Family</b>		\$1,187.91	

**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 % or Copay \$ as that for a Primary Office Visit.  
**HDHP:** Member cost to use Doctor On Demand is \$49; or \$65 to \$110 (depending on length) for Psychologist. 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.