

**USD 437 Auburn Washburn  
Blue Choice Comprehensive Major Medical  
Program High Deductible Health Plan (qualifies for HSA)  
Option B**



**Effective January 1, 2024 – December 31, 2024**

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,\* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

\*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

<b>Member Pays</b>	
<b>Deductible</b> (calendar year benefit period)	\$3,500/\$7,000 individual/two-or-more persons
<b>Coinsurance</b> (Member portion for most services)	40%
<b>Maximum Out-of-Pocket</b> (includes copays, deductible and coinsurance where applicable)	\$7000/\$14,000 individual/two-or-more persons after the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period..
<b>Doctor's office visits</b>	
Home and office visits (includes Telemedicine and eye exam)	Subject to deductible/coinsurance
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: <ul style="list-style-type: none"> <li>• Routine screenings</li> <li>• Preventive immunizations</li> <li>• Well-woman visits/screenings</li> <li>• Contraceptive methods</li> </ul>
<b>Drug coverage – ResultsRx Formulary</b>	
Prescription Drugs & Mail order Mandatory Designated Specialty Pharmacy Generic Mandatory, doctor can override, no penalty for Brand drugs on NTI list	Integrated Drugs (Pharmacy Submitted) after deductible is met then subject to 50% coinsurance. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90-day Mail Order supply.
<b>Medical services</b>	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology	Subject to deductible/coinsurance
Advanced imaging	Subject to deductible/coinsurance
Emergency room	Subject to deductible/coinsurance
Accidental Injury Services	

<b>Recovery/Special needs</b>	
Outpatient rehabilitation	Subject to deductible/coinsurance
Hospice	Subject to deductible/coinsurance
Home Social Work Visits	Subject to deductible/coinsurance
<b>Mental health</b>	
<b>Mental/behavioral health Inpatient Services</b> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
<b>Outpatient Services</b>	Subject to deductible/coinsurance
<b>Other</b>	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

**Exclusions:**

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.