







BENEFIT HIGHLIGHTS
Traditional 100 Plan
Nazareth Area School District

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (also known as "benefit booklet"). Refer to your benefit booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	Hospital/Medical Surgical	Major Medical
 Deductible (per benefit period)	Not Applicable	\$250 per member \$500 per family
 Coinsurance (percentage you pay after your deductible is met)	Not Applicable	20% coinsurance
 Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible and coinsurance for medical including ER.)	Covered under Major Medical	\$650 per member \$7,350 per family
Office Visit / Urgent Care / Emergency Room		
 Virtual Care (non-specialist) Visits – delivered via the Capital BlueCross Virtual Care platform	Covered under Major Medical	20% coinsurance after deductible
Office Visits and Consultations (In-person & Telehealth) - performed by a family practitioner, general practitioner, internist, pediatrician or participating retail clinic	Covered under Major Medical	20% coinsurance after deductible
Specialist Office Visits (In-person, Telehealth & via the Capital BlueCross Virtual Care platform)	Covered under Major Medical	20% coinsurance after deductible
Urgent Care Services	No charge, waive deductible	
Emergency Room	No charge, waive deductible	
Preventive Care		
Pediatric and Adult Preventive Care	No charge	No charge, waive deductible
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge	No charge, waive deductible
Screening Mammogram (one per benefit period)	No charge	No charge, waive deductible
Diagnostic Mammogram	No charge	20% coinsurance after deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board (120 days per disability)	No charge	20% coinsurance after deductible
Acute Inpatient Rehabilitation (60 days per benefit period)	No charge	20% coinsurance after deductible
Skilled Nursing Facility (60 days per disability)	No charge	20% coinsurance after deductible
Maternity Services and Newborn Care	No charge	20% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	No charge	20% coinsurance after deductible
 Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	No charge	20% coinsurance after deductible
Outpatient Surgery at Acute Care Hospital (facility charge only)	No charge	20% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET)	No charge	20% coinsurance after deductible
Radiology (other than high tech imaging)	No charge	20% coinsurance after deductible
 Independent Laboratory	No charge	20% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	No charge	20% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy	No charge	20% coinsurance after deductible
Occupational Therapy (Only eligible with an autism diagnosis)	Covered under Major Medical	20% coinsurance after deductible
Speech Therapy	No charge facility provider, professional provider not covered	20% coinsurance after deductible
Respiratory Therapy	Covered under Major Medical	20% coinsurance after deductible
Manipulation Therapy	No charge facility provider, professional provider not covered	20% coinsurance after deductible

Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services (120 days per confinement)	No charge, participating facility providers	20% coinsurance after deductible
MH Outpatient Services	Covered under Major Medical	20% coinsurance after deductible
SUD Detoxification Inpatient (120 days per confinement)	No charge, participating facility providers	20% coinsurance after deductible
SUD Rehabilitation Outpatient	Covered under Major Medical	20% coinsurance after deductible
Additional Services		
Home Health Care Services (30 visits per benefit period)	No charge, participating facility providers only	20% coinsurance after deductible
Durable Medical Equipment and Supplies	Covered under Major Medical	20% coinsurance after deductible
Prosthetic Appliances	Covered under Major Medical	20% coinsurance after deductible
Orthotic Devices	Covered under Major Medical	20% coinsurance after deductible

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. An independent licensee of the BlueCross BlueShield Association.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.

Participating providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit a nonparticipating provider, you are responsible for paying the deductible, coinsurance and the difference between the nonparticipating provider's charges and the allowed amount. Nonparticipating Providers may balance bill the member. Some nonparticipating facility providers are not covered. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost sharing amount may apply to the facility fee.

 Voice activated paper.

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