

EPC - Twin Valley Community Schools Blue AccessSM (PPO) – Core Summary of Benefits Effective 10/01/2018

Covered Benefits	Network	Non-Network
Deductible (Single/Family) (Applies only to percent (%) copayments)	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Physician Office Services Including Office Surgeries, allergy serum and injections ¹ • Allergy testing	\$20 20%	40% 40%
Preventive Care Medical History Mammography ¹ , Pelvic Exams, Pap testing and PSA tests Immunizations ¹ Annual diabetic eye exam Annual Vision and Hearing exams	No copayment/coinsurance	40%
Outpatient Physical Medicine Therapies (Combined Network & Non-Network limits apply) Physical/Occupational therapy: 30/30 visit limit Spinal manipulations: 12 visit limit Speech therapy: 50 visit limit	Copayments based on place of service	Copayments based on place of service
Inpatient Services Unlimited days except for: 60 days Network/Non-Network combined for physical medicine/rehab 180 days Network/Non-Network combined for skilled nursing facility	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility	20%	40%
Other Outpatient Services Hospital/Alternative Care Facility	20%	40%
Inpatient and Outpatient Professional Charges	20%	40%
Home Care Services 30 visits non-network limit for Home Care, excludes IV therapy	20%	40%
Hospice Services	20%	20%
Emergency and Urgent Care: Emergency Care in Emergency Room (covers all services, copayment waived if admitted, then inpatient copayment applies) Urgent Care Facility	\$100 \$50	\$100 \$50
Ambulance Services	20%	20%
Maternity Services	20%	40%
Behavioral Health Services: Mental Illness and Substance Abuse² • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	 20% 20% No Cost Share No Cost Share	 40% 40% 40% 40%
Lifetime Maximum (Combined Network and Non-Network)	Unlimited	Unlimited

Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants except Kidney and Cornea transplants ³	Covered in full	50%
Medical Supplies, Equipment and Appliances	20%	40%
Prescription Drug Options: Administered by CVS/Caremark	See Your Prescription Benefit Plan Summary	See Your Prescription Benefit Plan Summary

Notes:

- All deductibles and copayments apply toward the Out-of-Pocket Maximum (except prescription drug, human organ and tissue transplants, excluding kidney and cornea, and flat dollar copayments for Preventive Care, Physician Office Services and Urgent Care).
 - Deductible(s) apply only to covered services listed with a percentage (%) copayment excluding prescription drugs and allergy testing (**Network**). Deductible(s) do apply to allergy testing on Saver Plans.
 - Network and Non-network deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.
 - Dependent age: to the end of the year in which the child attains age 26.
- ¹ These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.
- ² Mental health/substance abuse must be authorized by the mental health administrator for services to be covered at the highest benefit level. Refer to Schedule of Benefits for limitations.
- ³ Kidney and Cornea are treated the same as any other illness and subject to the medical benefits and lifetime maximum.

Precertification:

- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Here's an overview of your CVS Caremark benefits.

Twin Valley Community Schools PPO Core 10/1/2018

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service or CVS Pharmacy locations (up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$12 for a generic medicine	\$24 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$24 for a preferred brand-name medicine	\$48 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	50% (\$40 min / \$80 max) for a non-preferred brand-name medicine	\$80 for a non-preferred brand-name medicine
Refill Limit	None	None
Annual Deductible	None	
Maximum Out-of-Pocket	\$3,000 per individual / \$6,000 per family	
Out-of-Network Claims	Prescriptions filled at out-of-network pharmacies will be reimbursed at 50% of the cost of the claim.	
Prior Authorization	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit www.caremark.com for verification of prior authorization requirements.	
Specialty Medicines	Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

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Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator
PO BOX 6590, Lee's Summit, MO 64064-6590
Phone: 1-866-526-4075
TTY: 1-800-863-5488
Fax: 1-855-245-2135
Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 800-863-5488).

Español	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios (TTY:800-863-5488).
中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打您福利身份證上的電話號碼 (TTY:800-863-5488) 致電客戶關懷。
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 800-863-5488).
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락주시기 바랍니다. (TTY: 800-863-5488).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 800-863-5488).
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (Телетайп: 800-863-5488).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفرق دعم العملاء على الرقم الموجود على بطاقة التعريف. (هاتف الصم والبكم: 800-863-5488).
Kreyòl Ayisyen	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID benefis ou an (TTY: 800-863-5488).
Français	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de prestations (ATS:800-863-5488).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń do Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej korzyści (TTY: 800-863-5488).
Português	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para a Linha de Apoio ao Cliente, para o número escrito no seu cartão de identificação de beneficiário (TTY:800-863-5488).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera identificativa (TTY: 800-863-5488).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an (TTY: 800-863-5488).
日本語	注意事項：日本語を話される場合、無料で言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号へ(TTY: 800-863-5488)お問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی کمک هزینه های خود (TTY: 800-863-5488) یا بخش پشتیبانی مشتریان تماس بگیرید.
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बनिफिट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 800-863-5488)।
Հայերեն	ՈՒՇԱՊՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կառող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք Հաճախորդների սպասարկում՝ ձեր նպաստների ID քարտի վրա նշված հեռախոսահամարով (TTY: 800-863-5488).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ પર દિે ગ્રાહક સેવા કે ફોન નંબર પર કોલ કરો (TTY: 800-863-5488).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY:800-863-5488).
اُردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت ائی ڈی کارڈ پر فون نمبر پر کسٹمر کیئر پر کال کریں (ٹی ٹی وائی: 800-863-5488)۔
ខ្មែរ	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បឿនអាចមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY:800-863-5488)។

ਪੰਜਾਬੀ	ਪਿਆਰ ਦਾ ਦਿ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਤੁਹਾਡੇ ਬੈਨੀਫਿਟ ID ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਫੋਨ ਨੰਬਰ ਤੇ ਕਸਟਮਰ ਕੇਅਰ ਨੂੰ ਕਾਲ ਕਰੋ (ਟੀ ਟੀ ਵਾਈ: 800-863-5488)।
বাংলা	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া নম্বর অনুযায়ী (TTY:800-863-5488).
שׂרָאק	אויפמערקזאם: אויב איר אראבער אדוויש, אנגען שפראך הילף פאר אפפאל, אוועקלעב פאר איין. (TTY: 800-863-5488) ID קארטע צו באניצער בענוצט ID קארטע.
አማርኛ	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። በጥቅማጥቅም መታወቂያ ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 800-863-5488)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี ให้โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรรหัสผลประโยชน์ของคุณ (โทร: 800-863-5488).
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY:800-863-5488) tiin bilbili.
Ilokano	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Tawagan ti Customer Care iti numero ti telepono a nakasurat iti ID card ti benepisioyo (TTY: 800-863-5488).
ພາສາລາວ	ໂປດຊາບ: ຖ້າ ກ່ອນ ທ່ານ ອົງ ພາ ສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາ ສາ, ໂດຍ ບໍ່ ສັງຄ່າ, ຄຸ້ມ ມື້ ພ້ອມ ໃຫ້ ທ່ານ. ກະ ລຸນາ ໂທ ຫາ ສູນ ຊ່ວຍ ເຫຼືອ ລູກ ຄ້າ ຕາມ ຕົວ ໂທ ທີ່ ລະ ບຸ ຕິ ງ ບັດ ປະ ຈຳ ຕົວ ຜູ້ ຮັບ ການ ສົ່ງ ເຄາະ (TTY:800-863-5488).
Shqip	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Thirrni Kuidesin për Konsumatorët në numrin e telefonit në kartelën tuaj të beneficioneve (TTY: 800-863-5488).
Srpsko-hrvatski	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite službu koja brine o korisnicima na broju telefona koji se nalazi na vašoj ID kartici usluga (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-863-5488).
Українська	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте у Відділ обслуговування клієнтів за номером, вказаним на вашій індивідуальній карті для соціальних виплат (Телетайп: 800-863-5488).
नेपाली	ध्यान दिनुहोस्: यदि तपाईंले [तपाईंको भाषा राख्नुहोस्] भाषा बोल्नुहुन्छ भने तपाईंको लागि नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आईडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY:800-863-5488) मा फोन गर्नुहोस्।
Nederlands	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel de Klantenservice op het telefoonnummer op uw id-voordeelkaart (TTY:800-863-5488).
unD	ဟံသူတို့ဟံသား- နမ့်ကတိာ် ကညိကိာ် အယိ, နမ့်န့ၣ် ကိာ်တိာ်မၤတၢ်တဖၣ်, လၢတလၢ်ကိာ်လၢ်တၢ်သ့န့ၣ်လိာ်. ကိာ်တိာ်က န့ၣ်တၢ်တဖၣ် ၁ နီၣ်ဂံၢ်လၢအအိၣ်လၢနတၢ်န့ၣ်ဘျူး ID ခးက့အလိာ် (TTY: 1-800-863-5488) တက့ၢ်.
Gagana fa'a Sāmoa	FAAALIGA: Afai e te tautala Faa-Samoa, o loo avanoa le fesoasoani mo le gagana mo oe, e leai se totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numera o le telefoni o lo i lau pepa ID (TTY:800-863-5488).
Kajin Majōl	LALE: Ne kwoj konono kajin Majol, komaron in bok jipan ko ilo kajin ne am ejelok wonaan. Kirlok ro rej bok eddo im ej walok ilo ID kaat in jiban eo am (TTY: 800-863-5488).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de benficii (TTY: 800-863-5488).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kopwe kokkori nampan Anisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY:800-863-5488).
Tonga	TOKANGA MAI: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'e totongi, pea teke lava 'o ma'u ia. Telefoni mai 'i he numera 'i he funga 'o ho'o kaati ID 'aonga (TTY: 800-863-5488)
Bisaya	ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawage ang Customer Care sa numero sa imong benepisyo nga ID kard. (TTY:800-863-5488).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona serivisi y'ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY:800-863-5488).

