Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Account Information

Account Number:	106093
Effective Date:	From: 01-01-2018 Through: 12-31-2018
Account Name:	Prairie Central CUSD #8
Benefit Agreement No.:	0003
Group Name:	Option 3
Group & Section Numbers:	PE2564/ 0100(active), 0200(retirees), 8888(cobra)
Business:	New
Account Type:	Local
Performance Guarantees:	No
Alpha Prefix:	XOF

HCSC Benefit Booklet

HCSC Benefit Booklet Requested:	Yes
ERISA Plan Administration Information included in Benefit Booklet?	No

Contact Information

Strategic Account Executive Information:

Account Executive Information:

Name:	Sherri Phillips
Cost Center:	848
Phone:	(217) 778-0444

Underwriter Information:

Name:	Gregory Hatton
Phone:	(630) 824-5056

Other

Full Service Unit:	Quincy
FSU Phone:	(800) 828-3116
eReview Approval Received:	No
NMAS Implementation:	N/A

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Federal Mandates

Federal Mandates

Grandfathered Plan	No
EHB State Benchmark Plan	Illinois

ACA Out-of-Pocket Maximum (OPX)

ACA limits on member cost-sharing cap OPX spending on services considered essential health benefits (EHBs) apply to non-grandfathered health plans.

All member cost-sharing (in-network copayments, deductibles, coinsurance, and out-of-network emergency services) for EHBs must apply to the OPX.

Limits no greater than the IRS-required OPX limits may apply to qualified HDHPs.

The self-only maximum annual limit on cost -sharing applies to each individual, whether the individual is enrolled in self-only or other coverage.

If (EHBs) for pediatric vision and dental are, defined as "non-excepted" benefits, they must comply with the ACA OPX cost -sharing rules.

If an account's interpretation differs from HCSC's, causing the plan to exceed the ACA-required OPX, ACA cost-sharing rules still apply to non-excepted benefits.

If applicable, for all business, the following changes must be made in the sections of the ABS referenced below, as well as noted in the Benefit Changes boxes at the bottom of each impacted section.

Federal Mandates Section:

If Religious Employer Temporary Safe Harbor applied in the previous year, change this field to 'No' for the following year. If the Group now claims the permanent exemption, change the 'Religious Employer Exemption Applies' field to 'Yes'.

Overall Program Payment Provisions Section:

Family Program Deductible and Out of Pocket Expense Limit must use an Aggregate accumulation method. Number of Individual Deductible accumulation is no longer allowed.

In the OPX Excludes section, deselect any previously selected elections. The new definition for OPX Excludes is: Charges over the eligible charge or maximum allowance; charges for non-covered services; and preauthorization penalties only.

ACA Women`s Preventive Services (contraception methods & counseling)

For non-grandfathered plans, ACA HRSA guidelines requires coverage of FDA-approved contraception methods and counseling without cost-sharing. Accounts with religious employer exemption or temporary safe harbor may not have to comply with this 100% coverage mandate.

Religious Employer Exemption Applies	No
Eligible Organization Accommodation Applies?	No
Collective Bargaining Agreement (CBA)	Yes
CBA Term Date	06/30/2018

HSA Composition

BlueEdge (PPO Hospital & Physician)

HSA Administered by:	Other Vendor*
Vendor information	Morton Community Bank 804 W. Oak Street Fairbury IL 61739

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA Composition

Phone Number	815-692-4000
Pharmacy Benefit Manager	Prime Therapeutics

NOTE: For HSA, Rx MUST share accums with Medical Accums. 4th quarter carryover does not apply

For Custom Insured & ASO groups, the fully integrated drug card is drug coverage administered as part of a Drug Card benefit under Outpatient Prescription Drugs and can be a copay or coinsurance benefits. The Drug Card benefits for HSA plans only apply AFTER the deductible has been met per IRS guidance.

The ID Number is needed for all PBMs except for Prime Therapeutics.

Additional Spending Accounts paired with HSA:	NO

HSA - Overall Program Payment Provisions

Lifetime Maximum

Based on ACA, LTM is unlimited for new or renewal plans effective on or after 09/23/2010.

Benefit Period	Calendar Year
Program Deductible	Separate Embedded

Benefits begin after the program deductible has been met. Refer to US Treasury website for the minimum HSA deductible required.

Separate Embedded PPO/Non PPO Deductible

PPO	
Individual	$5,000.00
Family	$10,000.00
Non-PPO	
Individual	$10,000.00
Family	$30,000.00

Once a person meets their Individual deductible, no more deductible is required for that Individual. When the Family deductible is reached, no further deductible will have to be satisfied for the remainder of that calendar/contract year. No participant will contribute more than the Individual deductible amount to the Family deductible amount.

Prior carrier Deductible Credit Applies (new plans only)	No

Note: Only in Network accums will be shared. If the intent is for the out of Network accums to feed In Network, a special comment must be made in the Additional Provisions section to also share Out of Network accums.

Are there any incentives with the reward type of Medical Deductible Adjustment associated with this benefit agreement(s)?	No
Out-of-Pocket Expense Limit (OPX)	Separate Embedded

Benefits will be paid at 100% after the entire family out-of-pocket expense limit has been met. OPXs may be common or separate and MUST mirror logic selected for deductible.

Separate Embedded PPO/Non PPO OPX

PPO	
Individual	$6,250.00
Family	$12,500.00
Non-PPO	
Individual	$12,500.00
Family	$37,500.00

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Overall Program Payment Provisions

All charges applied to the Individual OPX amount will be applied towards the Family OPX amount. Once a person meets their Individual OPX, no more OPX is required for that Individual. When the Family OPX is reached, no further OPX will have to be satisfied for the remainder of that calendar/contract year. No participant will contribute more than the Individual OPX amount to the Family OPX amount

Prior carrier OPX Credit Applies (new plans only) No

Note: Only in Network accums will be shared. If the intent is for the out of Network accums to feed In Network, a special comment must be made in the Additional Provisions section to also share Out of Network accums.

OPX Excludes

Grandfather Plan No

Charges over the eligible charge or maximum allowance, non-covered charges, and BCC non-compliance reductions are excluded from the OPX. Please specify any additional exclusions, below.

Additional OPX Exclusions: No

HSA - Inpatient Hospital Benefits

Benefits begin after the program deductible has been met.

Inpatient Hospital/Facility Services

Includes benefits for room and board and ancillary charges in a Hospital and Skilled Nursing Facility (extended care facility), preadmission testing, Coordinated Home Care and care in a Hospice program.

PPO

General Payment Level 80%

Non-PPO

General Payment Level 50%

Skilled Nursing Facility (extended care facility)

Plan skilled nursing facility services are paid at the inpatient hospital payment level stated above. (standard)

Days No limit on number of days (standard)

Coordinated Home Care (home health care)

Plan coordinated home care program services are paid at the PPO/NON PPO general payment level stated above. Select one of the following:

Visits No limit on number of visits (standard)

Hospice Care

Plan hospice program services are paid at the PPO/NON PPO general payment level stated above. No annual or lifetime dollar maximums applies.

All NON-PLAN FACILITY SERVICES/CHARGES ARE PAID AT 50% OF THE ELIGIBLE CHARGE.

HSA - Outpatient Hospital Benefits

Benefits begin after the program deductible has been met.

Outpatient Hospital/Facility Services

Includes benefits for surgery, radiation therapy, chemotherapy, electroconvulsive therapy, renal dialysis treatments, diagnostic services and cardiac rehabilitation services, mammograms, pap smear tests, prostate tests, and digital rectal examinations.

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Outpatient Hospital Benefits

PPO

Payment Level	80%

Non-PPO

Payment Level	50%

Outpatient Surgical Services

PPO

Payment Level	80%

Non-PPO

Payment Level	50%

Outpatient Diagnostic Services

PPO

Payment Level	80%

Non-PPO

Payment Level	50%

Ambulatory Surgical Facility

Plan ambulatory facility services are paid at the Outpatient Surgical Services PPO payment level stated above. Non-Plan facility services are paid at 50% of the eligible charge.

HSA - Professional Service Benefits

Coverage Level

Benefits begin after the program deductible has been met.

Covered Services Included

Allergy injections and allergy testing, anesthesia, assist at surgery, bone mass measurement and osteoporosis, cardiac rehab services, certain oral surgery procedures, chemotherapy, chiropractic and osteopathic manipulations, colorectal cancer screening, diagnostic services (x-ray/lab), diabetes management training, digital rectal examinations, durable medical equipment, electroconvulsive therapy, home infusion therapy, inpatient consultations, mammograms, medical care visits (inpatient & outpatient), occupational therapy, outpatient contraceptive services, ovarian cancer screening, pap smear tests, physical therapy, prostate tests, radiation therapy, renal dialysis treatments, speech therapy, leg, back, arm, and neck braces, oxygen and its administration, prosthetic appliances and surgery.

Payment percentages are based upon the schedule of maximum allowances (SMA).

General payment level

PPO

Payment Level	80%

Non-PPO

Payment Level	50%

Office Visit Copayment

PPO

Copay	No

Non PPO

Copay	No

Outpatient Surgical Services

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Professional Service Benefits

PPO	
Payment Level	80%
Non-PPO	
Payment Level	50%
Outpatient Diagnostics	
PPO	
Payment Level	80%
Non-PPO	
Payment Level	50%
Chiropractic and Osteopathic Manipulations	
Payment Level	Paid at professional general payment level
Benefit Period Maximum	Visit Limit
Visits	12
Outpatient Physical, Occupational and Speech Therapies	
Paid at the general payment level.	
Benefit Period Maximum	Visits/Therapy*
Visits	Benefit Period
Benefit Period	60
Elective Abortion Covered	No
Acupuncture Covered	No

HSA - Outpatient Emergency Benefits

Emergency Medical and Emergency Accident Care (EMC/EAC)
Includes benefits for the initial treatment of medical emergency. Benefits are paid after the program deductible has been met.

Hospital Payment Level	80%
Physician Payment Level	80%
Office Visit Copayment	No
Do Emergency medical and Emergency Accident pay the same?	Yes

HSA - Mental Health & Substance Use Disorder Benefits

Mental Health/Substance Use Disorder Benefits Covered same as any other illness
Mental Health (MH) includes Serious Mental Illness (SMI)
Benefits begin after the program deductible has been met.
Covered Services/Covered Providers include:
Inpatient and outpatient treatment rendered by a hospital, Substance Use Disorder treatment facility, partial hospitalization (day/night) treatment program, Residential Treatment Center, intensive outpatient program, physician, psychologist, licensed clinical social worker, licensed clinical professional counselor and licensed marriage and family therapist.

Employee Assistance Program:	No
Is this an Exempt Group?	No

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Mental Health & Substance Use Disorder Benefits

Preventive Health Benefits

Preventive health benefits do not have dollar maximums (PPO and Non PPO Providers) for plan years beginning on or after 9/23/2010. In-network coverage is provided at no member cost share for FDA-approved contraceptives for women, sterilization and related patient education, and counseling on contraception regardless of Grandfather status or religious exception.

Grandfathered Plan	No

Preventive Health Services apply to all ages.

Religious Employer Exemption Applies	No

PPO

For PPO Providers, Benefits will be provided for the following Preventive Health Services and WILL NOT be subject to a Coinsurance, Deductible, Copayment or Dollar Maximum.

- Health Education/Counseling Services
- Immunizations
- Preventive Care Services
- Routine Bone Density Test
- Routine Breast Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening-Lab
- Routine Digital Rectal Exam
- Routine Gynecological Exam
- Routine Lab Procedures
- Routine Mammogram
- Routine Pap Smear
- Routine Physical Exam
- Routine Prostate Test
- Smoking Cessation
- Visual Acuity
- Well Baby Care
- Women's Preventive Care (including, but not limited to: well-woman visits, FDA-approved contraceptives for women, female sterilization, breast feeding support, supplies and counseling.

Non PPO

For Non PPO providers, Preventive Health Services benefits can be subject to the Coinsurance, Deductible and/or Copayment.

Hospital Payment Level	50%
Physician Payment Level	50%
Office Visit Copayment	No
Program Deductible Applies	Yes

HSA - Other Covered Services

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Other Covered Services

Coverage Level

Covered Services Include:

Ambulance transportation (local ground or air transportation to the nearest appropriately equipped facility), blood and blood components, dental accident care, medical and surgical dressings, private duty nursing, supplies, cast and splints. Other Covered Services received from a PPO or Non PPO Providers will be provided at the payment levels previously described in the Professional and/or Hospital Benefits Services section of the Benefit Summary.

General Payment Level	80%
Private Duty Nursing	
Maximum per Calendar Year	Unlimited Visits
Naprapathic Services	No

Miscellaneous Benefits Provisions

Infertility Coverage

Coverage Type

Grandfathered

Standard includes in-vitro fertilization, gamete intrafallopian tube transfer and zygote intrafallopian tube (only if less costly procedures have not been successful and limited to four completed oocyte retrievals and two more oocyte retrievals after a live birth), uterine embryo lavage, embryo transfer, artificial insemination and low tubal ovum transfer.

Non-Grandfathered

Standard includes in-vitro fertilization, gamete intrafallopian tube transfer and zygote intrafallopian tube (only if less costly procedures have not been successful and limited to four completed oocyte retrievals per benefit period), uterine embryo lavage, embryo transfer, artificial insemination and low tubal ovum transfer.

Human Organ Transplants

The following human organ or tissue transplants are covered only when performed in a BCBS-approved program: heart, lung, heart/lung, liver, pancreas or pancreas/kidney transplants.

Transportation, Lodging and Meals (for recipient and companion)	Yes
(Recipient must reside more than 50 miles from transplant facility)	

Lodging: Effective 1/1/2011 upon renewal, the amount for lodging cannot be more than $50 per person per night. Members can include a person traveling with the person receiving the medical care. Reimbursement will require submission of a qualifying receipt. Meals are no longer allowed to be included in lodging expenses per IRS Codecare per IRS Code §213(d). Meals: Effective 1/1/2011 upon renewal, meals outside a hospital or similar facility are not considered medical care per IRS Code §213(d) / Publication 502.

Transportation, Lodging and Meals Maximum	Other
Other	$10,000/transplant

Temporomandibular Joint Disease is covered as any other illness with no dollar maximums.

Autism Spectrum Disorders

Include benefit for treatment of Autism Spectrum Disorders for ABA services and providers.

Reimbursement Provisions	Yes
Reimbursement recovery fee is 25% of the net recovery after attorney fees	

Medicare

Coverage for persons who are not subject to the Medicare Secondary Payer laws, e.g. retirees:

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Miscellaneous Benefits Provisions

Medicare Part B Payment has not been purchased by member	Estimate Part B Coverage
Coordination of Benefits(COB)	
Birthday rule applies	

Eligibility Provisions

Eligible Employees	Definition of eligible person stated in Group Policy
Dependents Covered	Yes

Eligible Dependents

Eligible dependents may include a spouse, natural children, legally adopted children, stepchildren, children placed in the home for adoption, children in your custody under legal guardianship. A Civil Union Partner and his or her dependents are automatically eligible to enroll for coverage and, once enrolled, eligible for continuation of coverage.

Domestic Partners Eligible	No

Dependent Child Limiting Age

Eligible military personnel are covered up to age 30.

Dependent Age	26
Coverage Ends	End of the month following the limiting age birthday
Student Age	No
Student Certification	No
Medicare Secondary Payer applies	Yes

Special Enrollment:

An eligible person may apply for coverage, Family coverage or add dependents within thirty-one (31) days of a qualifying event if he/she did not apply prior to his/her eligibility date or when eligible to do so. Such person's coverage date, family coverage date, and/or dependent's coverage date will be the effective date of the qualifying event or, in the event of Special Enrollment due to termination of previous coverage, the date of application for coverage.

Late Enrollment Accepted	Yes
When accepted	At open enrollment only
Preexisting Condition Waiting Period	No
Cobra Administrator	Group Administrator

HSA - Outpatient Prescription Drug Benefits

Outpatient Prescription Drug Benefits	Prime

Prime Definitions:

HCSC "Aggregate" is called "Contract/Family" on Prime's Benefit Edit Tool (BET)
HCSC "Embedded" is called "Aggregate/Individual" on Prime's Benefit Edit Tool (BET)

Covered Services Include

Prescription equivalents for generic lansoprazole and omeprazole. Drugs that require, by federal law, a written prescription and injectable insulin and insulin syringes. Infertility drugs are included in the covered services. Benefits are available for drugs purchased from a participating pharmacy or professional provider (retail) or through the home delivery program.

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Outpatient Prescription Drug Benefits

Prescription and OTC Smoking Cessation drugs are covered at drug status.

Funding Type	Fully Insured

Contraceptives

ACA and FDA approved female contraceptives and OTC contraceptives are covered. Contraceptives are covered with no member share for one therapeutic equivalent. Up to a 12-month supply maybe dispensed at any time. Male condoms are not covered. Grandfathered plans and religious exempt plans must provide contraceptive coverage.

Drug Card Program - Integrated

Integrated Drug Card is where the benefit which allows integration with medical and pharmacy accums (Deductibles and Out of Pocket amounts.)

HSA Must Share Deductible and OPX

Pricing Program Bundle - Cost Plus Insured Plans Only	D

Select the group's program bundle as of the plan effective date.
Bundle P requires prior Underwriting approval for new or renewal accounts.

Prescription Drug List	Enhanced (old Generics Plus; standard)

For Performance, no customization is allowed for individual drug categories.

Pharmacy Network	Advantage

If Preferred is selected, it must be paired with a differential amount.

Prescription Drug Program Type	Other*
Please indicate member's copayment, coinsurance or copayment/coinsurance as applicable.	
Other	All tiers: PPO- 80% after deductible NON-PPO- 50% after deductible
Self-Injectables Covered	Yes (standard)

For Performance Drug List, coverage is based on the Drug List. Customization is not allowed.

Days Supply -Retail	30 (standard)
Days Supply-Home delivery is 90 consecutive days.	
Member Pays the Difference (MPTD) applies to brand drugs when there is a generic equivalent available.	Yes

Note: MPTD is standard for all 2016 Insured business. It is standard but not mandatory for Insured 151+ groups.

Dispense as Written (DAW 1) Override applicable (Penalty willnot apply if Doctor indicates brand medically necessary	Yes

Note: DAW1 Override is not an option for Insured ≤150 groups.

Diabetic Supplies

For Performance Drug List, coverage is based on the Drug List. Customization is not allowed.

Diabetic Supplies, Insulin and Insulin Syringes Covered at	Drug status

Diabetic supplies include test strips, glucagon emergency kits and urine testing reagents.
Lancets will pay $0 for any BCBSIL member with a drug card.
For HSA - Coverage for Lancets applies after the deductible has been met.

ACA Vaccinations covered	Yes
ACA aspirin, vitamin D, folic acid, iron and fluoride Covered	Yes

Specialty Program

Grandfathered	No

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

HSA - Outpatient Prescription Drug Benefits

Available (30-day supply per fill) at in-network benefit level through Prime Specialty Pharmacy only. All other pharmacies payable at the non-participating pharmacy benefit level.

Prescription Drug List Exclusions	Based on Basic or Enhanced Drug List
Implement prescription Drug List exclusions?	No

(Note: Categories will not be updated as of 1/1/2018.)

Rx Exclusions

Prescription drug benefits will not be provided for: drugs used for cosmetic purposes; drugs that are not self administered; any devices or appliances, except as specifically mentioned above; any charges that a member may incur for the drugs being administered to the member; non-FDA-approved products.

Note: Weight Loss and Non-sedating Antihistamine drugs are not available coverage options for Insured 150 and under groups.

Additional Rx Exclusions

Are Weight Loss drugs covered?	Yes
Non-sedating Antihistamine Drugs Coverage	Based on Basic or Enhanced Drug List
Are Non-sedating Anithistamine drugs covered?	No
Sexual Dysfunction drugs are covered.	
Are Compound drugs covered?	No
Brand Name Proton Pump Inhibitor (PPI) Coverage	Based on Basic or Enhanced Drug List
Are Brand Name PPI's covered?	No

Payment for drugs obtained from a non-participating prescription drug provider:

(a) 75% of the eligible charge will be paid minus the Copayment amount, under the Copayment programs.

(b) 75% of the amount that would be paid if the drugs were purchased through a Participating Prescription Drug Provider will be paid under the coinsurance program.

Note: To confirm standard benefits, refer to the Pharmacy page on Product Central on FYIBlue.

Prescription Drug Utilization Management Programs

No customization is allowed for Utilization Management (UM). UM package for each drug list will automatically apply. Grandfathered groups will remain on their current UM programs if currently non-standard. Grandfathered business with standard UM programs will receive new programs as they are implemented upon renewal.

Exclusions

The following services and supplies will not be covered under this benefit program:

(Please note, it is necessary to refer to the certificate booklet for a comprehensive list.)

Services and supplies which are not medically necessary, as determined by Blue Cross Blue Shield.

Services and supplies for which benefits are available under Workers' Compensation Law.

Services and supplies which are provided by or for which benefits are available from the government.

Services and supplies for any illness or injury that occurs after the coverage date and is a result of war.

Services and supplies that do not meet accepted standards of medical/dental practice.

Investigational services and supplies.

Custodial Care Service.

Long Term Care Service.

Respite Care Service, except as specifically mentioned under the Hospice Care Program.

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Exclusions

Inpatient Private Duty Nursing Service.
Maintenance care
Services or supplies not specifically mentioned in the benefit booklet.
Services and supplies received on an inpatient basis as the result of antisocial actions which are not the result of mental illness.
Cosmetic surgery except for the correction of congenital deformities or resulting from accidental injuries, scars, tumors or disease.
Services or supplies for which one would not have to pay in the absence of this coverage.
Charges for failure to keep a visit or for completion of a claim form.
Personal hygiene or comfort or convenience items (air conditioner, physical fitness equipment, etc.).
Specialized equipment, special braces, splints, appliances, etc., except as specifically mentioned in the certificate booklet.
Prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient or unrelated to the treatment of an illness or injury.
Blood derivatives that are not officially classified as drugs.
Treatment of flat feet and subluxations of the foot.
Routine foot care (except for persons diagnosed with diabetes).
Services and supplies for Human Organ Transplants other than those specifically mentioned in the certificate booklet.
Maintenance Physical, occupational and speech therapy.
Speech therapy rendered for the treatment of psychological speech delay, behavioral problems, attention disorder, conceptual handicap or mental retardation.
Services and supplies to the extent benefits are duplicated because more than one family member is a member of the group and covered separately.
Diagnostic testing that is part of a survey or research study or that is investigational.
Routine physical examinations, routine diagnostic testing and immunizations (unless wellness benefits have been purchased).
Eye glasses, contact lenses and cataract lenses and the examination for prescribing or fitting them or for determining the refractive state of the eye (unless the vision benefit program has been purchased).
Hearing aids or the examination for prescribing or fitting hearing aids (unless the hearing benefit program has been purchased).
Wigs (also referred to as cranial prostheses).

Exclusion Changes Apply	No

Vision Benefits

Coverage Level	HCSC Administered
Covered Services Include	
Vision examinations, single vision lenses, bifocal lenses, trifocal lenses, lenticular lenses, contact lenses and frames. Benefits are limited to one examination and one pair of lenses and a frame per benefit period (unless there has been a prescription change). For plan years beginning on or after 9/23/2010, Vision test do not have a dollar maximum.	
Benefit Period	Calendar Year
Payment Level	Other
Other	1 vision exam covered at 100% after deductible per calendar year.

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Vision Benefits

HSA Virtual Visits

Benefits begin after the program deductible has been met.
Virtual Visit-Effective 1/1/17 for Non-Grandfathered and 2/1/17 for Grandfathered Status
MDLIVE (Standard Offering)
PPO

Medical	Yes
Medical Copay	No
Program Deductible Applies Then Paid at	80%
Behavioral Health	Yes
Behavioral Health Copay	No
Program Deductible Applies Then Paid at	80%

*NOTE: Behavioral Health Virtual Visit Applies to MHP unless group is exempt from MHP

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Additional Provisions Summary

Miscellaneous Benefits Provisions

Transportation, Lodging and Meals (for recipient and companion)	Yes
Transportation, Lodging and Meals Maximum	Other

Other
$10,000/transplant

HSA - Outpatient Prescription Drug Benefits

Outpatient Prescription Drug Benefits	Prime
Drug Card Program - Integrated	
Prescription Drug Program Type	Other*

Other
All tiers:
PPO- 80% after deductible
NON-PPO- 50% after deductible

Vision Benefits

Coverage Level	HCSC Administered
Payment Level	Other

Other
1 vision exam covered at 100% after deductible per calendar year.

Benefits Summary Report

Account Name: Prairie Central CUSD #8
Account Number: 106093
Benefit Agreement: 0003
Product: BlueEdge HSA (PPO Network)
Division: IL
Status: EWFReady
Effective Date: 01-01-2018 to 12-31-2018
Funding Type: Insured

Benefits Changes Summary

No benefit changes for this benefit period.