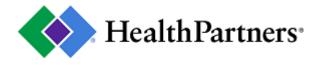


Foley ISD #51 NationalONE \$850 Deductible 1-1-2022

The following is a general outline of the coverage that would be provided by this plan. Exact coverage terms and conditions will be set forth in the plan.

Plan highlights	In-network: Open Access	Out-of-Network
	Care from a network	Care from an out-of-
Partial listing of covered services		
Deductibles and Out-of-Pocket Limits	provider	network provider
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$850	\$1,700
Calendar year individual deductible - Traditional (embedded) Calendar year family deductible - Traditional (embedded)	\$1,700	\$3,400
Calendar year ranniy deductible - Traditional (embedded) Calendar year individual out-of-pocket limit - Traditional	\$1,700	\$3,400
(embedded)	\$2,600	\$5,200
Calendar year family out-of-pocket limit - Traditional (embedded)	\$5,200	\$10,400
Calendar year separate individual out-of-pocket limit for pharmacy services	\$1,250	
Calendar year separate family out-of-pocket limit for pharmacy services	\$2,500	
Preventive Health Care		
Routine physical exams	100%	50% after deductible
Routine eye exams	100%	50% after deductible
Postnatal care	100%	50% after deductible
Prenatal care	100%	100%
Well-child care	100%	100%
Immunizations	100%	50% after deductible
Office Visits		
Illness or injury	\$40 copay	50% after deductible
Mental health	\$40 copay	50% after deductible
Chemical health	\$40 copay	50% after deductible
Physical, occupational & speech therapy	\$40 copay	50% after deductible
Chiropractic care	\$40 copay	50% after deductible
Allergy injections	\$2 copay	50% after deductible
Convenience Care		
Convenience clinics (retail clinics)	\$40 copay	50% after deductible
E-visits	\$40 copay	50% after deductible
virtuwell	\$40 copay	Not covered
Free Visits		
Free visits for virtuwell only	3	None
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	\$40 copay	Same as in-network benefit
Emergency care at a hospital emergency room	\$125 copay	Same as in-network benefit
Ambulance	85% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	85% after deductible	50% after deductible
Mental health	85% after deductible	50% after deductible
Chemical health	85% after deductible	50% after deductible



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twork: Open Access % after deductible % after deductible % after deductible 100% % after deductible 100% % after deductible	Out-of-Network 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
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100%	
% after deductible	50% after deductible
	50% after deductible
armacy benefits do no	t include all drug classes.
See plan materials for additional information.	
cipating Pharmacies	Non-Participating
	Pharmacies
\$25 copay	50% after deductible
\$45 copay	50% after deductible
\$70 copay	50% after deductible
\$70 copay	50% after deductible
cipating Pharmacies	Non-Participating
, ,	Pharmacies
\$75 copay	Not covered
	Not covered
\$210 copay	Not covered
\$210 copay	Not covered
cipating Pharmacies	Non-Participating
	Pharmacies
% (\$300 maximum)	50% after deductible
• • • • • • • • • • • • • • • • • • • •	50% after deductible
% (\$300 maximum)	50% after deductible
% (\$300 maximum) % (\$300 maximum)	50% after deductible 50% after deductible
	\$45 copay \$70 copay \$70 copay cipating Pharmacies \$75 copay \$135 copay \$210 copay \$210 copay cipating Pharmacies % (\$300 maximum) % (\$300 maximum)