

HOWARD COUNTY PUBLIC
SCHOOL WELFARE BENEFIT
PLAN
ACTIVES and RETIREES UNDER
AGE 65

ALTERNATIVE PLAN

Cost Sharing Lifetime Limits

Calendar Year Deductible	\$100 Individual / \$200 Family
Coinsurance	0%, 20%, 50% depending on service provided
Calendar Year Out-of-Pocket Maximum	\$600 Individual / \$1200 Family
Lifetime Maximum	\$1,000,000

Professional Services

Primary Care Office Visit	80% after the deductible
Gynecology Office Visit	Not covered.
Specialist Office Visit	80% after the deductible
Physical/Speech/Occupational Therapy Office Visit	Physical / Speech Therapy: 80% after the deductible; Occupational Therapy is not covered.
Chiropractic Office Visit	80% after the deductible
Allergy Shots/Other Covered Injections	80% after the deductible
Allergy Serum	80% after the deductible
Diagnostic tests	80% after the deductible
Diagnostic tests performed by lab or other testing facility and billed separately from office visit	80% after the deductible
Annual Adult Physical	Not covered.
Well Child Visit/Immunization	Not covered.
Mammography Screening	100% limited to 1 routine mammogram between ages 35 and 40, and 1 mammogram per calendar year at age 41+
PSA Testing	Not covered.

Inpatient Care Hospital

Room and Board Precertification Required	100%
Physician/Surgical Services	80% after the deductible
Anesthesia Services	80% after the deductible
Medical Consultations	80% after the deductible limited to 3 consults per admission
ICU/CCU Precertification required	100%
Maternity/Nursery/Birthing Center Precertification required	100%
Skilled Nursing/Rehab Facility Care Precertification required	100%
Dialysis/Radiation/Chemotherapy	80% after the deductible
Hospice Precertification required	100%
Physical/Speech/Occupational Therapy	Physical / Speech Therapy: 80% after the deductible; Occupational Therapy is not covered.

Outpatient Hospital Services

Surgical/Anesthesia Services	80% after the deductible
Dialysis/Radiation/Chemotherapy	80% after the deductible
Physical/Speech/Occupational Therapy	Physical / Speech Therapy: 80% after the deductible; Occupational Therapy is not covered.
Outpatient Diagnostic Services	100%

Maternity/Infertility Services

1st prenatal visit	80% after the deductible
Pre-and Postnatal care and delivery	80% after the deductible
Routine nursery care	100%
Sterilization/Reverse Sterilization	Sterilization: Inpatient 80% after the deductible; Outpatient: 100%; Reverse Sterilization is not covered.
Inpatient precertification required	
Elective Abortions in inpatient or outpatient facility	
Inpatient precertification required	Inpatient: Inpatient 80% after the deductible; Outpatient: 100%
Artificial Insemination (AI)	
Pretreatment authorization is required.	Same as any other medical condition.
InVitro Fertilization (IVF)	
Pretreatment authorization required	Same as any other medical condition.

Medical Emergencies (use of ER)

Accidental Injury	100%
Follow-up visits	100%

Medical Equipment/Supplies

Durable Medical Equipment	100%
Diabetic Supplies	100%

Mental Health Substance Abuse

Mental Health and Substance Abuse Rehabilitation: First 30 days in any 180 day period at 100%, subsequent days at 80% after the deductible. Substance Abuse Detoxification: First 7 days per calendar year at 100%, subsequent days at 50% after the deductible. Inpatient Substance Abuse is limited to 120 days per lifetime. Inpatient and Outpatient Substance Abuse is limited to \$1000 per calendar year.

Inpatient Precertification required

Other Services

Ambulance (Ground and air ambulance)	80% after the deductible
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Kidney, Cornea Bone Marrow

Transplants Precertification required	80% after the deductible
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Heart, Heart-Lung, Lung, Pancreas,

Liver Transplants - Precertification

required	80% after the deductible
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Cardiac Rehabilitation	Not covered
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Hearing Aids	Not covered
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Active Plan Participants: Participants pay for prescription drugs through a retail pharmacy, and may submit a claim to NCAS for reimbursement of covered drugs, at 80% after the deductible. Retirees under age 65: 80% at a participating pharmacy

Outpatient Prescription Drug Benefit

Active Plan Participants: Participants pay for prescription drugs through a retail pharmacy, and may submit a claim to NCAS for reimbursement of covered drugs, at 80% after the deductible. Retirees under age 65: 80% at a participating pharmacy

Dispensed at Pharmacy

80% at a participating pharmacy

Mail Order

Active Plan Participants: Mail order is not available. Retirees under age 65: Mail order is not available.