

HOWARD COUNTY PUBLIC
SCHOOL SYSTEM WELFARE
BENEFITS PLAN
ACTIVES and RETIREES UNDER
AGE 65:

TRADITIONAL PLAN

Cost Sharing Lifetime Limits

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

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 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 100%
Diagnostic tests performed by lab or
other testing facility and billed
separately from office visit 100%
Annual Adult Physical Not covered.
Well Child Visit/Immunization Not covered.
Mammography Screening 100% Routine mammograms are limited to one between the ages of
35 and 40, and one per calendar year at age 41+
PSA Testing Not covered.

Inpatient Care Hospital

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

Outpatient Hospital Services

Surgical/Anesthesia Services 100%
Renal Dialysis: 80% after the deductible; Radiation / Chemotherapy
Dialysis/Radiation/Chemotherapy 100%
Physical/Speech/Occupational
Therapy Physical / Speech 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	100%
Routine nursery care	100%
Sterilization/Reverse Sterilization	Sterilization: 100%; Reverse Sterilization: Not covered.
Elective Abortions in inpatient or outpatient facility Precertification required on inpatient admissions	100%
Artificial Insemination (AI)	
Pretreatment authorization 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	80% after the deductible
Diabetic Supplies	80% after the deductible
Mental Health Substance Abuse	
	Mental Health and Substance Abuse Rehabilitation: 100% for first 30 days in any 180 day period, subsequent days are considered at 80% after the deductible. Substance Abuse Detoxification: 100% first 7 days per calendar year, subsequent days are considered 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
Kidney, Cornea Bone Marrow Transplants Precertification required	100%
Heart, Heart-Lung, Lung, Pancreas, Liver Transplants - Precertification required	100%
Cardiac Rehabilitation	Not covered.
Hearing Aids	Not covered.
	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. Retiree Plan Participants 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. Retiree Plan Participants Under Age 65: 80% at a participating pharmacy.
Dispensed at Pharmacy	

Mail Order

Active Plan Participants: Mail order is not available. Retiree Plan
Participants Under Age 65: Mail order is not available.