



Butler Health Plan Summary of Medical Benefits

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INSIDE

Glossary of Medical Plan Terms, page 1
Summary of Plan Options, page 2-3
How to Choose A Plan, page 4

All Butler Health Plan (BHP) medical plans provide benefits for hospital, medical and prescription drugs. Coverage varies by plan. Review the summary of plan options on pages 2 –3 of this pamphlet. For more information on a specific benefit feature, contact the plan administrator listed on page 4.

Glossary of Medical Plan Terms

Deductible

The annual amount a member pays each calendar year before the plan covers health care costs for specified services.

Out-of-Pocket Maximum

The amount an enrollee must pay for co-insurance in a calendar year before the plan covers remaining expenses for that year at 100%. There are different out-of-pocket maximums for in-network and out-of-network charges.

Co-insurance

The percentage of covered charges you must pay after you have met your annual deductible. The co-insurance counts toward the annual out-of-pocket maximum. The co-insurance percentages differ depending on the type of service, and on whether the service is in-network or out-of-network.

Co-payment or Co-pay

A cost sharing arrangement in which the member pays a fixed amount for a specific service, such as \$10 for a prescription drug or \$25 for a doctor office visit. The co-pays do not count toward the annual out-of-pocket maximum.

Lifetime Benefit Maximum

The total amount of benefits payable by the plan for an enrollee during his or her lifetime.

Maximum Benefit

The plan will pay a maximum amount for a service for a specified time period or the entire time that you are in the plan. When the maximum out-of-pocket is reached, no more benefit is paid for the specified service by the plan. For example, the plan pays a maximum benefit of \$500 every 3 years for hearing aids.

Premium

The monthly cost paid to the BHP for coverage. Your employer pays a portion of this cost. You pay a portion of the cost through payroll deduction. Consult your employer for your contribution to each plan.

Effective Until December 31, 2009 - BHP Summary of Medical Plan Options

Benefit	BHP Classic		BHP Choice		BHP Basic	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	No deductible	Individual: \$500 Employee+1: \$1,000 Family: \$1,500	Individual: \$350 Employee+1: \$700 Family: \$1,050	Individual: \$1,000 Employee+1: \$2,000 Family: \$3,000	Individual: \$1,500 Employee+1: \$3,000 Family: \$4,500	Individual: \$3,500 Employee+1: \$7,000 Family: \$10,500
Co-Insurance	Member pays 20%	Member pays 40%	Member pays 20%	Member pays 50%	Member pays 20%	Member pays 50%
Annual Out of Pocket Maximum	Individual: \$1,500 Employee+1: \$3,000 Family: \$4,500	Individual: \$2,000 Employee+1: \$4,000 Family: \$6,000	Individual: \$1,000 Employee+1: \$2,000 Family: \$3,000	Individual: \$4,000 Employee+1: \$8,000 Family: \$12,000	Individual: \$2,000 Employee+1: \$4,000 Family: \$6,000	Individual: \$4,000 Employee+1: \$8,000 Family: \$12,000
What counts toward Deductible & Out-of-Pocket Maximum?	In-Network Medical Services	Out-of-Network Medical Services	In-Network Medical Services	Out-of-Network Medical Services	Combined In-Network, Medical Services and Prescription Drugs	Out-of-Network Medical Services
Lifetime Benefit Payable	\$5,000,000 per person for all medical plans					
Doctor Office Visit** Primary Care & Specialist	\$25 co-pay per visit	Ded., then 40%	\$20 co-pay per visit	Ded., then 50%	Ded., then 20%	Ded., then 50%
Mental Health Visit	20%	Ded., then 40%	\$20 co-pay individual	Ded., then 50%	Ded., then 20%	Ded., then 50%
Lab Diagnostic	20% of eligible expenses	Ded., then 40%	No co-pay	Ded., then 50%	Ded., then 20%	Ded., then 50%
LabCard Program	No co-pay	Ded., then 40%	No co-pay	Ded., then 50%	No co-pay	Ded., then 50%
Flat X-ray	20% of eligible expenses	Ded., then 40%	No co-pay	Ded., then 50%	Ded., then 20%	Ded., then 50%
Emergency Room Visit**	20%, plus \$100 if not admitted or emergency		\$100 co-pay		Ded., then 20%	Ded., then 50%
Urgent Care Visit**	20%	Ded., then 40%	\$35 co-pay		Ded., then 20%	Ded., then 50%
Hospital Inpatient & Outpatient	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Ambulance Service	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Diagnostic Tests - CT Scans, Pet Scans, MRI...	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Durable Medical Equipment	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Home Health Care	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Hospice Care	20%		Ded., then 20%		Ded., then 20%	
Mental Health / Substance Abuse Inpatient & Outpatient	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Physical, Occupational, or Speech Therapy	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Prosthetic Devices	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%

** Flat co-pays for medical services do not count towards the deductible or out of pocket maximum.

Please note this chart is a general guide and is not a guarantee of benefits.

Benefit	BHP Classic		BHP Choice		BHP Basic	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventative Care	20%	Ded., then 40%	\$20 co-pay	Ded., then 50%	No co-pay, 100% covered	Ded., then 50%
Routine Baby Care (Birth to age 2)						
Physical (Age 2 & up) (\$150 annual maximum)	20%	Ded., then 40%	\$20 co-pay	Ded., then 50%	No co-pay	Ded., then 50%
Child Immunizations (Under age 19)	20%	Ded., then 40%	Included in \$20 co-pay	Ded., then 50%	No co-pay, 100% covered	Ded., then 50%
School Flu Shots & Health Screening	No co-pay, covered 100%					
Preventive Screening Tests (PAP, Mammogram, PSA, Colorectal Screenings)	20%	Ded., then 40%	No co-pay, 100% covered	Ded., then 50%	No co-pay, 100% covered	Ded., then 50%
Health Coach	A program with a nurse health coach available to members with chronic conditions such as asthma, diabetes, heart disease, etc.					
Other Services	20%	Ded., then 40%	\$20 co-pay	Ded., then 50%	Ded., then 20%	Ded., then 50%
Chiropractor	\$1,000 annual maximum benefit		24 visit limit		24 visit limit per year	
Gastric Bypass for Morbidly Obese	20%	Ded., then 40%	Not Covered			
	Predetermination required					
Hearing Aids (\$500 limit every 3 years)	20%	Ded., then 40%	Ded., then 20%	Ded., then 50%	Ded., then 20%	Ded., then 50%
Infertility Treatment	20%	Ded., then 40%	Not Covered			
	Lifetime maximum \$7,500 medical / \$7,500 RX					
Vision Exam (Routine)	Not covered		\$20 co-pay One exam paid every 24 months		No Copay, 100% covered One exam paid every 24 months	
Pharmacy Benefit	BHP Classic		BHP Choice		BHP Basic	
Annual Prescription Deductible	\$25 annually per person		No Deductible		Prescription drugs and medical services combined count toward the annual deductible. See page 2	
Annual Out-of-Pocket Prescription Maximum	Individual: \$750, Employee+1: \$1,500, Family: \$2,250 * Only the 20% co-insurance for a Generic & Preferred Brand count toward the annual out of pocket maximum.		No out of pocket maximum. Co-pay required on each prescription.		Prescription drugs and medical services combined count toward the annual out of pocket maximum. See page 2.	
Retail Pharmacy (Up to 30-day supply)	20% Generic * 20% Preferred Brand * 40% Non Preferred Brand		\$10 co-pay Generic \$25 co-pay Preferred Brand \$40 co-pay Non Preferred Brand		Ded., then 20%. Plan pays 100% after combined Prescription drug and medical services annual out of pocket is met.	
Mail Order Pharmacy (Up to 90-day supply)	20% Generic * 20% Preferred Brand * 40% Non Preferred Brand		\$25 co-pay Generic \$62.50 co-pay Preferred Brand \$100 co-pay Non Preferred Brand			
Maintenance Drugs (Must be filled at mail order pharmacy)	A 90-day supply of maintenance drugs must be filled at mail order after the third 30-day supply at a retail pharmacy.		You may fill a 30-day supply of maintenance drugs at retail. You may fill a 90-day supply at mail order but this is not mandatory.		You may fill a 30-day supply of maintenance drugs at retail. You may fill a 90-day supply at mail order but this is not mandatory.	
Specialty Pharmacy (Up to 30 day supply)	Provides specialty medications and injectibles to members with free delivery to your home or physician's office. Retail copay applies.					
Brand when Generic is Available	You pay the cost difference between the brand and generic drug in addition to your co-pay or co-insurance.					
Prior Authorizations	You may call the Pharmacy Benefit Manager if you have questions regarding quantity limitations or prior authorizations.					

How to Choose a Plan Option? Points to Consider

Review your medical and prescription use from last year as a guide to what services you might use this year. Read the Summary of Medical Plan Options on Page 2-3 and put a check in front of those services that you use. Add up the actual costs to you, including premiums. Compare Plans to determine the best plan for you.

The BHP Classic Option Plan provides benefits without a deductible for in-network medical services.

- ✓ Office visits are \$25. You pay 20 percent for in-network services such as inpatient stay, outpatient surgery, and high cost imaging (MRI).
- ✓ This plan has a mandatory mail requirement for maintenance medications. A 90-day supply must be filled at mail order after the third (original plus two refills) 30-day supply at a retail pharmacy.
- ✓ Different services are covered, such as infertility treatments, with pre-determination requirement.

The BHP Choice Option Plan is designed for easier budgeting with flat co-pays for office visits and prescriptions.

- ✓ Your deductible and out-of-pocket maximum combined for in-network medical services is lower than the Classic and Basic Plan.
- ✓ Office visits are \$20 with routine lab tests & x-rays included in the office co-pay. If you go to a lab or hospital for these tests, there is no charge.
- ✓ Prescription drug co-pays are always the same - \$10, \$25 or \$40. A 30-day supply for maintenance drugs may go through retail.

The BHP Basic Option Plan is a high deductible health plan designed with the lowest monthly premium but much higher out-of-pocket expenses.

- ✓ Meets current IRS requirements for tax deferred product(s). You may check with your local bank or your financial advisor if you want to consider the options.
- ✓ Wellness services are covered at 100%.
- ✓ All other medical and prescription services apply to the deductible. You then pay 20% until you reach your out-of-pocket maximum, then the plan pays 100%.



What if you still have more questions about medical or dental benefits? Contact the medical and dental claim administrator if you have a claim or benefit coverage question.

Allied Benefit Systems, Inc.
1-800-288-2078
www.alliedbenefit.com



What doctors and providers are in-network? Make a list of doctors and providers that you see on a regular basis. Search online or call the provider network to confirm in-network providers.

Primary PPO Network
HealthSpan Preferred
1-888-914-7726 or 513-551-1400
www.healthspannetwork.com

Outside the primary PPO network, contact:
Multiplan; 1-800-672-2140; www.multiplan.com
Emerald Health Network; 1-800-346-3141;
www.interplanhealth.com/ehn.asp



What medications do you use? Check the online drug list or call Express Scripts, Inc. to confirm the co-pay cost for your medications.

Express Scripts, Inc.
1-866-275-0044
www.express-scripts.com