

**Luverne ISD
2019-20 Plan Year**

Covered Services	\$3375 CDHP	\$1000 CMM	\$3000 CMM	\$6,750 MVP
Medical Network	Aware	Aware	Aware	Aware
Annual Deductible	\$3,375 Single \$6,750 Family Fourth Quarter carryover	\$1,000 Single \$2,000 Family Fourth Quarter carryover	\$3,000 Single \$6,000 Family Fourth Quarter carry over	\$6,750 Single 13500 Family No fourth Quarter carryover \$6,750 Single
Medical Annual Out of Pocket	\$3,375 Single \$6,750 Family	\$1,500 Single \$3,000 Family	\$4,000 Single \$8,000 Family	\$13,500 Family
Prescription Out of pocket maximum	Combined with Medical	\$750 Single/ \$1,000 Family	\$750 Single/ \$1,000 Family	Combined with Medical
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care				
Well baby, Prenatal	100%	100%	100%	100%
Routine Physicals age 6 and older				100%
Routine hearing and eye exams	100%	100%	100%	
Cancer Screening	100%	100%	100%	100%
Physician Services				
Office visits due to illness/injury				100% after deductible
Lab and Xray, In Hospital medical visits	100% after deductible	80% after deductible	80% after deductible	
Chiropractic Care	100% after deductible	80% after deductible	80% after deductible	100% after deductible 100% after deductible
Home Health Care	100% after deductible	80% after deductible	80% after deductible	100% after deductible 100% after deductible
Inpatient Hospital Services-365 days of medically necessary care in an average semi private room	100% after deductible	80% after deductible	80% after deductible	100% after deductible
Outpatient Hospital Services				
Lab and X-ray, Non emergency, illness related visits	100% after deductible	80% after deductible	80% after deductible	100% after deductible

Covered Services	\$3375 CDHP	\$1000 CMM	\$3000 CMM	\$6,750 MVP
Emergency Care	100% after deductible	80% after deductible	80% after deductible	100% after deductible
Ambulance Medically necessary transport to the nearest facility	100% after deductible	80% after deductible	80% after deductible	100% after deductible
Medical supplies	100% after deductible	80% after deductible	80% after deductible	100% after deductible
Prescription Drugs	31 Day supply Flex RX Closed Formulary Select Network 100% after deductible No coverage for prescriptions not listed on the preferred list.	31 Day supply Flex RX Open Formulary Select Network \$10 Generic \$25 Brand Formulary \$40 Brand Nonformulary	31 Day supply Flex RX Open Formulary Select Network \$10 Generic \$25 Brand Formulary \$40 Brand Nonformulary	31 Day supply Key RX Formulary Essential Network 100% after deductible No coverage for prescriptions not listed on the preferred list.

This is only a summary and is subject to the terms of the contract.

**** Benefits listed are for participating providers only. Services with nonparticipating provider are covered with a reduced benefit.**