Central Susquehanna Trust Medical Plans Benefits Summary for Shamokin Area School District (effective January 1, 2011)

	Traditional			TRUST Preferred PPO	
	Hospital	Medical / Surgical	Major Medical	In-Network Providers	Out-of-Network Providers
All Out of Network services under the Traditional and PPO Plans are adjudicated and reimbursed at the Usual, Customary and Reasonable (UCR) amount. Any amount over UCR does not apply to the Traditional or PPO Deductibles and may be billed to the member.					
Deductible, copayment and coinsurance amounts YOU are responsible for:					
Deductible					
Annual deductible per calendar year	None		Annual Deductible $200 per person; 2 per family	None	$500 per person, $1,000 Aggregate Per Family
Out-of-Pocket Maximum					
When reached, plan pays 100% to end of calendar year (Copays will still apply)	None		$400 per person (Excluding Psych) Deductible applies to all services below.	None	$3,000 per person $6,000 per family Deductible applies to all services below.
Preventive Care					
Well-child care exams	Not Covered			$20 copay per office visit	30%
Childhood immunizations	20%, no deductible, (UCR)			Covered in full* (may include an office visit copay)	30%; deductible waived
Routine physical exams, adult	Not Covered			$20 copay per office visit	30%
Routine screenings	Not Covered			Selected Tests Covered in full**	30%
Annual mammogram, pap test and gynecological exam	Mammogram and Pap test covered in full, no deductible Gynecological exam, 20% UCR; deductible waived (35 and older)			Covered in full* (35 and older)	30%; deductible waived
Physician Services					
Office visits	Not Covered		20% for "sick" visits (illness or injury)	$20 copay per office visit	30%
Maternity and newborn care, lab tests, X-rays, hospital visits, surgery, anesthesia	Covered in full		Not applicable	Covered in full	30%
Outpatient Hospital Services					
Professional fees and facility services, including: lab, x-rays, pre-admission tests, radiation therapy, chemotherapy, kidney dialysis, surgery and anesthesia	Covered in full		Not applicable	Covered in full	30% professional 50% facility
Inpatient Hospital Services					
Professional fees and facility services, room, board, treatment rooms, equipment	Covered in full		20% UCR	Covered in full to a maximum of 365 days	30% professional 50% facility

*May include an office visit copay

**Currently includes Complete Blood Count (CBC), Urinalysis, Blood Cholesterol Test, Fecal Occult Blood Test, Prostatic Specific Antigen (PSA)

Central Susquehanna Trust Medical Plans Benefits Summary for Shamokin Area School District -- Cont'd

	Traditional			TRUST Preferred PPO	
	Hospital	Medical / Surgical	Major Medical	In-Network Providers	Out-of-Network Providers
Emergency Care					
Emergency treatment for accident or medical emergency	Covered in full (if care received within 72 hours)		20% UCR	Covered in full $50 emergency room copay; waived if admitted	Covered in full; deductible waived
Ambulance Services	Not Covered		20% UCR	Covered in full Covered from scene of accident or medical emergency, between hospitals or from hospital to skilled nursing facility	Covered in full; deductible waived
Other Provider Services					
Spinal manipulations	Not Covered		20% UCR	$20 copay per office visit	30%
Physical Therapy, Occupational and Speech Therapy	Covered in full		Not Applicable	$20 copay per office visit	30%
Skilled Nursing Facility Care	Covered in full		20%	Covered in full (Admission must occur following minimum 3-day hospital stay; admission within 14 days of discharge for same or related condition.)	30% professional 50% facility
Home Health Care	Covered in full to maximum of 30 visits per 90 day period		20%	Covered in full (Maximum of 90 visits per calendar year)	50%
Private Duty Nursing	Not Covered		20% RN or LPN only, inpatient or outpatient	Covered in full (RN or LPN only, inpatient or outpatient; 240 hours per calendar year)	30% professional, 50% facility
Hospice	Covered in full $12,500 lifetime max	Not Covered	Not Covered	Covered in full $12,500 lifetime max	Not Covered
Durable Medical Supplies and Equipment					
Rental or purchase of home medical equipment, supplies prosthetics and orthotics	Not Covered		20%	Covered in full	30%
Mental Health Care					
Inpatient care incl. individual & group psychotherapy, family counseling, psychological testing, convulsive therapy	Covered in full		20% UCR	Covered in full to a maximum of 365 days.	30% professional 50% facility

Central Susquehanna Trust Medical Plans Benefits Summary for Shamokin Area School District-- Cont'd

	Traditional			TRUST Preferred PPO	
	Hospital	Medical / Surgical	Major Medical	In-Network Providers	Out-of-Network Providers
Mental Health Care - Cont'd					
Psychiatric **partial hospitalization**	Covered in full		20% UCR	$20 copay per office visit	30% professional 50% facility
Outpatient psychiatric services	Not Covered		20% UCR	$20 copay per office visit	30%
Substance Abuse Care					
	Covered in full	Not Applicable	20% UCR	Inpatient: Covered in full to a maximum of 365 days. Outpatient: $20 copay per office visit.	30% professional 50% facility 30%
Maximum					
Overall program maximum	Unlimited		$1,000,000.00	Unlimited	$2,000,000 annual
Preauthorization/Case Management					
	Voluntary preauthorization			Mandatory preauthorization applies to all inpatient admissions and outpatient elective surgery (30% non-compliance penalty). Case management provides assistance in managing most appropriate care when required as a result of serious medical condition.	

Note: This benefit grid is for illustrative purposes only and is not intended to be a complete description of benefits.
These benefit descriptions represent coverages effective January 1, 2011.
Trustees reserve the right to amend the TRUST Preferred PPO plan benefits as appropriate. **updated 10/10**

Central Susquehanna Trust Medical Plans Benefits Summary for Shamokin Area School District-- Cont'd

Prescription Drug Coverage

Traditional (Indemnity) Drug Benefit

Retail (acute: 1-59 day supply):	Preferred pricing; after deductible: Major Medical (MM) reimbursement, 80% brand; 100% generic	
Retail (maintenance: 60-90 day supply):	Preferred pricing; 20% copayment; $25 maximum payment; Copayment not reimbursable under MM and does not apply to MM deductible accumulation	
Mail Order (Home Delivery):	Generic	15% copayment; $15 maximum payment
	Brand	20% copayment; $20 maximum copayment
	minimum 32-day supply; free shipping for standard delivery;	
	copayment not reimbursable under MM and copayment does not apply to MM deductible accumulation	

TRUST Preferred PPO Prescription Drug Benefit

Retail (1 - 31 day supply):	$50 Deductible* Per Person, Per Calendar Year then services are paid at the following levels:	
	Generic	20% copayment - $25 maximum payment
	Brand Name	25% copayment - $50 maximum payment
	Multi-Source**	30% copayment - $50 maximum payment
Mail Order (32 - 90 day supply):	No Deductible	
	Generic	15% copayment - $15 maximum payment
	Brand Name	25% copayment - $50 maximum payment
	Multi-Source**	30% copayment - $50 maximum payment

*The Deductible is charged at the pharmacy and tracked electronically within the MedcoHealth system.

**Multi-Source brand drugs are those Brand Name drugs that have a Generic equivalent and you obtain the Brand Name drug instead of the Generic.

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