



# SCHOOLCARE

HEALTH BENEFIT PLANS

**HMO OA \$20**

Harvard Pilgrim (MD25224)

In-Network

## Benefits Covered in Full (no cost to the member)

### Preventive Care

Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.

### Laboratory Tests

### X-rays

### Chemotherapy & Radiation Therapy

### Routine Maternity Care & Delivery

### Inpatient Mental Health & Substance Abuse

### Home Health Care

### Oxygen & Respiratory Equipment

### Hospital Inpatient

### Advanced Radiology

CT Scans, PET Scans, MRI, MRA and Nuclear medicine services

### Outpatient Surgery

**Skilled Nursing Facility;** 100 day visit limit

**Inpatient Rehabilitation;** 60 day visit limit

### Ambulance - Emergency Transport

Covered in Full

## Benefits covered after a Copayment

### Professional Visits:

#### Physician Services/Office Visit

#### Routine Annual Eye Exam (1 per year)

#### Acupuncture; unlimited visits

#### Chiropractic Care; unlimited visits

#### Physical/Speech/Occupational Therapy; unlimited visits

#### Outpatient Mental Health & Substance Abuse

\$20 Copay

### Allergy Injections

\$5 Copay

### Emergency Room (waived if admitted)

\$50 Copay

### Prescription Drugs: Retail (30 day supply)

\$0/\$10/\$20/\$30

#### Mail Order (90 day supply)

\$0/\$10/\$40/\$60

## Other Benefit Features

### Deductible

None

### Durable Medical Equipment

20% Coinsurance

### Out of Pocket Maximum: Medical

Prescription Drugs

\$5,000 (\$10,000 Family)

**Benefit Year:** Plan\*

**Lifetime Benefit:** Unlimited

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.

\*Deductible year will follow your medical plans renewal

Mar-24

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