

SUMMARY OF THE WILSON COUNTY BOARD OF EDUCATION BENEFIT PLAN – School Year 2008- 2009

Benefits Department contact is Bobbi Stella at 453-7328 or Kim Owen 453-7325 – Secure Fax 453-7292

MAJOR MEDICAL DEDUCTIBLE – CALENDAR YEAR (JANUARY 1 TO DECEMBER 31)			
Deductibles must be satisfied each calendar year.	Deductible per individual Deductible per family	In-Network - \$500.00 In-Network - \$1,000.00	Out of Network - \$1,000.00 Out of Network - \$2,000.00
MAJOR MEDICAL – PERCENTAGE PAID AFTER DEDUCTIBLE HAS BEEN SATISFIED			
The individual is responsible for payment of all other expenses for any other non-covered medical expenses such as co-pays, amounts over usual & customary charges and any other non-covered medical expense for an Out-of-Network or facility. Treatment at University Medical Center (except doctor's fees)		In-Network Plan pays 90% - Employee pays 10% - Out-of-Network Plan pays 60% - Employee pays 40% - Plan pays 95% - Employee pays 5%	
OUT-OF-POCKET EXPENSE (O-O-P)			
The O-O-P expense <u>excludes</u> deductibles, prescriptions and any other non-covered medical expenses such as co-pays, amounts over usual & customary charges and, any other non-covered medical expense. After the O-O-P has been reached for the calendar year, the Plan will pay 100% of all subsequent claims for the remainder of the calendar year providing there is no secondary coverage.		In-Network Per Individual - \$1,000.00 - Per Family - \$ 2,000.00 Out-of-Network - Per Individual - \$2,000.00 - Per Family - \$ 4,000.00	
EMERGENCY ROOM TREATMENT			
Emergency Room co-pay for a <u>non-medical</u> emergency per visit. The patient may also be charged an additional call back fee for the physician. The ER physician determines a medical vs. non-medical emergency. The co-pay is waived if the patient is admitted as an in-patient within 23 hours of the ER visit or the ER doctor determines the visit was a medical emergency. Payments are made under the major medical portion of the plan and subject to deductibles; NO ER treatment is paid at 100%.		In-network Co-pay - \$100.00 In-Network hospital Plan pays 90% UMC Plan pays 95% Out-of-Network Co-Pay - \$100.00 Out-of-Network Hospital Plan pay 60%	
PRE-CERTIFICATION – Effective July 1, 2007			
In-Network Pre-certification is required for the following: inpatient hospital stays, and some outpatient procedures. Pre-certification is the responsibility of the in-network provider. All contracted providers are educated and familiar with the CIGNA pre-certification policy. The patient is responsible for pre-certification for all hospital admissions and these admissions are subject to continued stay review for out-of-network providers and facilities . If no pre-certification is obtained prior to the treatment or service a penalty applies to the admission. The penalty or cost of denied benefits does not apply to the deductible or out-of-pocket maximum.			
RETAIL PRESCRIPTIONS – Effective July 1, 2007 <i>MUST USE A PARTICIPATING PHARMACY</i>			
Retail Purchases & Mail Order Co-pays - 30 / 90 day supply \$10.00 / \$20.00 Co-pay for all Generic Drugs \$20.00 / \$ 40.00 Co-pay for all Formulary Drugs \$40.00 / \$80.00 Co-pay for all Non - Formulary Drugs or the actual cost of the medication if it is less than the co-pay A participating pharmacy must be used. Any expenses paid out of pocket will require approval from the Central Office for reimbursement. Using the mail order saves you one (1) co-pay		CIGNA Tel-Drug is the mail order pharmacy The average turn around time to receive a renewal prescription is 7 to 14 days. Make sure you order your medication in time so you don't run out. For first time orders, you must complete an order form and attach a prescription to it from your doctor and mail it to CIGNA Tel-Drug. The turn around time is approximately 3 weeks so you may have to also get a script from the doctor for a retail order too.	
WELLNESS BENEFITS - NOT APPLIED to DEDUCTIBLES or O-O-P			
Annual Routine Wellness Physical Exam by employee's physician age 4 and over. (The provider must code the claim as routine or it will be paid under the major medical.) Annual Routine Wellness Physical Exam at the CareHere Clinic.		Plan pays 100% up to a \$200.00 maximum. Any amount over the \$200.00 will be the individual's responsibility to pay. Paid at 100% no maximum.	
Annual Women's Wellness OB/GYN Exam including office visit, pap smear & mammogram Can also be done at the CareHere Clinics for free-schedule 2 back to back appointments		Plan pays 100% per calendar year. No age limit on Mammogram Schedule two appointments back to back - no charge	
Mammography no age limit (effective 7/1/07) (Additional Mammography with medical diagnosis code) paid under the major medical and subject to the deductible.		In-Network provider - Plan pays 90% Out-of-Network – Plan pays 60%	
Post-mastectomy prosthesis (unlimited) Mastectomy bras no limit (effective 7/1/07)		Subject to major medical deductible In-Network provider - Plan pays 90% Out-of-Network – Plan pays 60%	
Routine Prostate Specific Antigen (PSA) no age limit (effective 7/1/07) CareHere provides test no age limit		Plan pays 100% per calendar year Paid @ 100% per calendar year	
Routine Colo-Rectal Screenings. The claim must be coded as 'Routine'. Colonoscopy is a covered expense under the major medical		In-Network provider - Plan pays 100% In-Network provider - Plan pays 90% Subject to the deductible	Out-of-Network – Plan pays 60% Out-of-Network – Plan pays 60% Subject to the deductible
Corrective Shoes & Shoe Orthotics 4 corrective shoes and 4 inserts per calendar year (effective 7/1/07)		Subject to major medical deductible - In-Network provider - Plan pays 90% Out-of-Network – Plan pays 60%	
Childhood immunizations required by the health department to attend school. (Children only)		In-Network Provider Plan pays 100%	
Routine Well Child Care exams & immunizations ages 0 through age 3		Plan pay 100%	
OTHER PLAN PROVISIONS			
Chiropractic Care - \$1, 000 maximum per calendar year		In-Network provider - Plan pays 90%	Out-of-Network provider – Plan pays 60%

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	Subject to deductible	Subject to deductible
Physical Therapy (effective 7/1/07) Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy	60 combined visits per calendar year. In-Network provider - Plan pays 90% Subject to deductible	60 combined visits per calendar year Out-of-Network provider – Plan pays 60% Subject to deductible
Allergy testing and allergen immunotherapy including, injections of allergenic extracts and purchase of syringes.	In-Network provider - Plan pays 90% Subject to deductible	Out-of-Network provider – Plan pays 60% Subject to deductible

CAREHERE PROGRAM – Effective September 1, 2005

We urge all enrolled employees and covered dependants eligible to go to the CareHere On-Site Medical Clinic for FREE medical services. Local physicians and/or physician's assistants will provide primary care treatment, generic non-narcotic prescriptions and annual routine exams, lab work and screenings. The employee will have access to the CareHere web site to schedule his or her own appointment time and to review his or her own exam results. (HIPAA Rules are observed). Clinics are located in Lebanon and Mt. Juliet and the hours are flexible. See information enclosed in your packet or visit www.carehere.com for more information.

DENTAL BENEFITS (effective 7/1/07)

MAKE SURE YOUR DENTIST IS A MEMBER OF THE CIGNA DENTAL PPO to get a discount

If you go to an out-of-network provider you will not get a discount and you will be balanced billed for all charges over the usual and customary fee

Wesley Suddarth, DDS, Alexandria Bruce Johnson, DDS, Lebanon Aaron Pryor, DDS, Lebanon & M Juliet Tonia Marie Porter, DDS, Lebanon & Mt. Juliet Steven Thaxton, DDS, Lebanon Herman Montgomery, DDS, Lebanon Chadwick Williams, DDS, Lebanon Troy Long, DDS, Lebanon Robert Archer, DDS, Mt. Juliet Stephen Foster, DDS, Mt. Juliet Norman Cordice, DDS, Mt. Juliet Ronald Jackson, DD, Mt. Juliet	George Bare, Jr, DDS, Hermitage Daniel Franklin, DDS, Hermitage Gregory Denton, DDS, Hermitage Aileen Kruger, DDS, Hermitage James Kendrick, DDS, Hermitage Sabin Ewing, DDS, Hermitage William Hill, DDS, Hermitage Angel Hall, DDS, Hermitage John King, DDS, Hermitage Jane Bacon, DDS, Hermitage Olof Bloomberg, DD, Hermitage	Danny Crockarell, DDS, Old Hickory Deborah Jones, DDS, Old Hickory Adam Gibson, DDS, Hendersonville James Howard, DDS, Hendersonville Andrew Cox, DDS, Hendersonville Bonell McBroom, Lafayette	Terry Jackson, DDS, Watertown Oral Surgeons Susie Lin, Lebanon Donald Cox, Lebanon Orthodontics Baird Faulkner, Lebanon & Hermitage Ralph Grant, Hermitage Elbert Jackson, Nashville & Madison Tommy Koen, Hendersonville Donald Witherow, Lebanon & Mt. Juliet
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\$1,200 per calendar year maximum applies to Class I, Class II and Class III treatments per covered individual. You will not be balanced billed when using a contracted in-network dentist for any discounts. It is strongly recommended that you read the dental section of your Plan Booklet to understand what is and what is not covered before committing to a major procedure and expense. Routine exams do not have to be scheduled 6-months apart. We pay for two routine exams per calendar year.

Type I-Preventative Care	
2 cleanings & scaling - 2 bitewing x-rays 1 full mouth x-ray per series Fluoride treatment for children who have not reached their 14 th birthday (must be a covered dependant) Space Maintainer and their fitting Emergency treatment for dental pain when no other treatment but x-rays is given	Plan pays 100% Per calendar year Plan pays 100% every 3 years Deductible is waived
Type II – Basic	
Diagnostic lab test; extractions oral surgery; fillings- amalgam or synthetic process; Anesthetics/Nitrous Oxide only; Therapeutic injections; Root canals; Alveolectomy.	\$50.00 Individual deductible \$150.00 Family deductible Plan pays 80%
Type III – Major Services	
Crowns; Inlays; Onlays; Prosthetics including dentures and bridges; Read the dental restrictions of your Plan Booklet if you have any specific questions. When having major dental work done above \$200.00 make sure your dentist requests a pre-determination from CIGNA. A pre-determination will tell you exactly which procedure will and will not be covered as well as the cost of each procedure. The pre-determination gives you the opportunity to be selective in your treatment enabling the work to be scheduled at intervals, if necessary.	Plan pays 50% (Deductibles apply if not applied for prior dental work in the same year.)
Periodontal Procedures	
Read your Plan Booklet for exclusions and covered expenses.	\$1,000.00 per covered individual per lifetime
Orthodontic Procedures	
Read your Plan Booklet for exclusions and covered expenses.	\$1,000.00 per covered individual per lifetime.

THE WILSON COUNTY BOARD OF EDUCATION'S MEDICAL AND DENTAL PLAN IS SELF-INSURED. WE USE THE CIGNA DISCOUNT NETWORK AND CIGNA PROVIDERS ONLY. WE ARE NOT INSURED BY CIGNA

MEDICAL AND DENTAL BENEFITS APPLY TO EACH ENROLLED EMPLOYEE
AND EACH ENROLLED DEPENDANT

Use of the CareHere Clinic is limited to the enrolled employees/retirees and their enrolled dependants of the
Wilson County Board of Education Group Medical Plan