

CAYUGA-ONONDAGA AREA SCHOOL EMPLOYEES' HEALTHCARE PLAN

SCHEDULE OF BENEFITS

For the Traditional Plan

Applies to: Active and Retired Employees

TYPE OF SERVICE	TRADITIONAL PLAN
	The Allowable Expense is limited to the Preferred Provider Reimbursement Schedule or the Reasonable and Customary amount.
Calendar Year Deductible	\$100 Individual / \$300 Family
Out-of-pocket Maximum	\$400 Individual / \$1,200 Family
Lifetime Maximum	\$1,000,000
Physician (except for routine care and treatment of Mental Illness or Substance Abuse) <ul style="list-style-type: none"> • Inpatient visit • Office visit • Home visit • Specialist consultation <ul style="list-style-type: none"> - Inpatient - Outpatient - Office • Surgery <ul style="list-style-type: none"> - Inpatient - Outpatient - Office - Assistant surgeon ⁽¹⁾ • Second surgical opinion (voluntary) 	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible Covered in Full Covered in Full Covered in Full 20% (deductible does not apply) of allowable expense for primary surgeon Covered in Full
Hospital (also see Mental Illness, Substance Abuse, and Maternity for inpatient benefits) <ul style="list-style-type: none"> • Inpatient - room and board (limit 365 days per occurrence of illness or injury) • Outpatient <ul style="list-style-type: none"> - Emergency room (includes physician) - Outpatient surgical center - Clinic - Laboratory - X-rays -- diagnostic / therapeutic - Diagnostic tests - Cardiac rehabilitation - Dialysis / Hemodialysis 	Covered in Full Covered in Full Covered in Full 80% after deductible Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full 80% after deductible
Freestanding Surgical Facility	Covered in Full
Urgent Care Facility	Covered in Full

(1) If the allowable expense for the primary surgeon is \$200 or less, services for an assistant surgeon will not be covered.

CAYUGA-ONONDAGA AREA SCHOOL EMPLOYEES' HEALTHCARE PLAN

SCHEDULE OF BENEFITS

For the Traditional Plan

Applies to: Active and Retired Employees

TYPE OF SERVICE	TRADITIONAL PLAN
	The Allowable Expense is limited to the Preferred Provider Reimbursement Schedule or the Reasonable and Customary amount.
Ambulance <ul style="list-style-type: none"> • Emergency • Transfer 	Covered in Full 80% after deductible
Pre-admission Testing	Covered in Full
Convalescent / Skilled Nursing Facility <ul style="list-style-type: none"> • Inpatient (limit 100 days per occurrence of illness or injury) 	Covered in Full
Home Health Care (limit 40 visits per calendar year)	Covered in Full
Private Duty Nursing – in-home care (medically necessary)	80% after deductible
Transplants (limit 365 days per occurrence of illness)	Covered in Full
Elective Sterilization (no reversal) <ul style="list-style-type: none"> • Inpatient • Outpatient • Office 	Covered in Full Covered in Full Covered in Full
Mental Illness Treatment <ul style="list-style-type: none"> • Inpatient - Hospital or Behavioral Health Care Facility (limit 30 days per calendar year) • Outpatient - Hospital Clinic, Facility, or Office (limit 30 visits per calendar year) 	Covered in Full 80% after deductible
Substance Abuse Treatment <ul style="list-style-type: none"> • Inpatient - Hospital or Behavioral Health Care Facility (limit 4 weeks for one period of confinement and 6 weeks per calendar year) • Outpatient - Hospital Clinic, Facility, or Office (limit 60 visits per calendar year; 20 of such visits may be utilized by family members of covered individual) 	Covered in Full Covered in Full
Maternity Care – Mother <ul style="list-style-type: none"> • Inpatient • Physician (pre-natal care and delivery) Newborn Care (prior to discharge) <ul style="list-style-type: none"> • Inpatient (routine nursery care) • Physician • Circumcision 	Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full

CAYUGA-ONONDAGA AREA SCHOOL EMPLOYEES' HEALTHCARE PLAN

SCHEDULE OF BENEFITS

For the Traditional Plan

Applies to: Active and Retired Employees

TYPE OF SERVICE	TRADITIONAL PLAN
	The Allowable Expense is limited to the Preferred Provider Reimbursement Schedule or the Reasonable and Customary amount.
Anesthesia <ul style="list-style-type: none"> • Inpatient • Outpatient • Office 	<p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p>
Allergy Care <ul style="list-style-type: none"> • Treatment, serum, and scratch testing • Testing (laboratory) 	<p>80% after deductible</p> <p>Covered in Full</p>
Chiropractic Care	<p>80% after deductible (medically necessary)</p>
Acupuncture (must be performed by a medical doctor with national certification for acupuncture)	<p>80% after deductible</p>
Podiatrist <ul style="list-style-type: none"> • Visit • Orthotics • Surgery 	<p>80% after deductible</p> <p>Not Covered</p> <p>Covered in Full</p>
Preventive <ul style="list-style-type: none"> • GYN routine exam • Pap smear (one per calendar year over 18 years of age) • Mammogram ⁽²⁾ • Well-child care (up to age 19) • Routine adult physicals • PSA Test • Colonoscopy 	<p>Up to maximum of \$500 per calendar year for covered employees over 50 years of age</p> <p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p> <p>Up to maximum of \$500 per calendar year for covered employees over 50 years of age</p> <p>One per calendar year over 50 years of age</p> <p>One every five calendar years if family history of colorectal cancer</p>
Pap Smear (medically necessary)	<p>Covered in Full</p>
Mammogram (medically necessary)	<p>Covered in Full</p>
Colonoscopy (medically necessary)	<p>Covered in Full</p>
Diagnostic Office Visit	<p>80% after deductible</p>

(2) Mammography is limited to the following scheduled frequency of services: ages 35 to 39 – one baseline mammogram; ages 40 and older – one mammogram annually; and for women at any age who have a first degree relative with a prior history of breast cancer upon the recommendation of her physician.

CAYUGA-ONONDAGA AREA SCHOOL EMPLOYEES' HEALTHCARE PLAN

SCHEDULE OF BENEFITS

For the Traditional Plan

Applies to: Active and Retired Employees

TYPE OF SERVICE	TRADITIONAL PLAN
	The Allowable Expense is limited to the Preferred Provider Reimbursement Schedule or the Reasonable and Customary amount.
Outpatient Diagnostic Tests <ul style="list-style-type: none"> • Independent Laboratory • Physician's Office • Freestanding Facility • Home 	<p style="text-align: center;">Covered in Full</p> <p style="text-align: center;">Covered in Full</p> <p style="text-align: center;">Covered in Full</p> <p style="text-align: center;">Covered in Full</p>
Outpatient Treatments <ul style="list-style-type: none"> • Chemotherapy • Radiation therapy • Respiratory therapy • Physical therapy • Occupational therapy • Speech therapy 	<p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">Covered in Full</p> <p style="text-align: center;">Not Covered</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</p>
Durable Medical Equipment, Medical Supplies, Diabetic Supplies and Oxygen	80% after deductible
Prosthetics <ul style="list-style-type: none"> • Internal • External (original device only) 	<p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</p>
Diabetic Counseling / Education	80% after deductible
Prescription Drugs	80% after deductible (exceptions by school district)