



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or by calling 716-210-2347.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	In-Network <b>\$0</b> Out-of-Network <b>\$200</b> Individual / <b>\$300</b> Family	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an <u>out-of-pocket limit</u> on my expenses?</b>	In-Network <b>\$0</b> Out-of-Network <b>\$500</b> Individual / <b>\$1,000</b> Family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Cost Containment Penalties, Premiums, Balanced-billed Charges (unless balance billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
<b>Is there an overall annual limit on what the plan pays?</b>	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
<b>Does this plan use a <u>network of providers</u>?</b>	Yes. For a list of preferred providers, see <a href="http://www.novahealthcare.com">www.novahealthcare.com</a> or call 716-773-2122.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a <u>specialist</u>?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

# ONB Consortium Plan w/ Reimb: Starpoint Cent. Schools Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual & Family | Plan Type: PPO



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-Network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$10 Copay	20% R&C after Deductible	-- None --
	Specialist visit	\$10 Copay	20% R&C after Deductible	-- None --
	Other practitioner office visit – Chiropractic Care	\$10 Copay	20% R&C after Deductible	Limit 24 visits per calendar year
	Preventive care/screening/immunization	Covered in full	Not covered	-- None --
If you have a test	Diagnostic test (x-ray, blood work)	Covered in full	20% R&C after Deductible	-- None --
	Imaging (CT/PET scans, MRIs)	Covered in full	20% R&C after Deductible	-- None --
If you need drugs to treat your illness or condition	Tier 1	No charge	Not covered	30 day supply
	Tier 2	\$10 Copay	Not covered	30 day supply
	Tier 3	\$20 Copay	Not covered	30 day supply
More information about <b>prescription drug coverage</b> is available at <a href="http://www.novahealthcare.com">www.novahealthcare.com</a> .	Specialty drugs	Follows the formulary	Not covered	Must be filled at a participating specialty Pharmacy May require prior authorization

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

# ONB Consortium Plan w/ Reimb: Starpoint Cent. Schools Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Covered in full	20% R&C after Deductible	-- None --
	Physician/surgeon fees	Covered in full	20% R&C after Deductible	-- None --
If you need immediate medical attention	Emergency room services	\$35 Copay	\$35 Copay	Copay waived if admitted
	Emergency medical transportation	\$25 Copay	\$25 Copay	Must be medically necessary
	Urgent care	\$10 Copay	100% R&C after Deductible	-- None --
If you have a hospital stay	Facility fee (e.g., hospital room)	Covered in full	20% R&C after Deductible	Precertification required
	Physician/surgeon fee	Covered in full	20% R&C after Deductible	-- None --
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 Copay	20% R&C after Deductible	-- None --
	Mental/Behavioral health inpatient services	Covered in full	20% R&C after Deductible	Precertification required
	Substance use disorder outpatient services	\$10 Copay	20% R&C after Deductible	-- None --
	Substance use disorder inpatient services	Covered in full	20% R&C after Deductible	Precertification required
If you are pregnant	Prenatal and postnatal care	\$10 Copay	100% R&C after Deductible	Copay is for initial diagnosis only
	Delivery and all inpatient services	Covered in full	20% R&C after Deductible	-- None --

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

# ONB Consortium Plan w/ Reimb: Starpoint Cent. Schools Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	Covered in full	20% R&C after Deductible	Limited to 365 visits per calendar year in-network, 60 visits per calendar year out-of-network Precertification required
	Rehabilitation services – Occupational, Physical and Speech Therapy	\$10 Copay	20% R&C after Deductible	Occupational, Physical and Speech Therapy – Subject to review through Nova’s Utilization Management Department
	Habilitation services	\$10 Copay	20% R&C after Deductible	Subject to review through Nova’s Utilization Management Department
	Skilled nursing care	Covered in full	20% R&C after Deductible	Precertification required
	Durable medical equipment	Covered in full	20% R&C after Deductible	Precertification required for equipment over \$250
	Hospice service	Covered in full	20% R&C after Deductible	Advance Care Planning limited to six visits per calendar year  Inpatient and Outpatient limited to 210 days per lifetime  In-Network plus Out-of-Network equals the total benefit
<b>If your child needs dental or eye care</b>	Eye exam	\$10 Copay	20% R&C after Deductible	-- None --
	Glasses	20% Discount	Not covered	-- None --
	Dental check-up	Not Covered	Not Covered	No coverage for Dental check-up

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Hearing aids
- Routine foot care
- Cosmetic surgery
- Long-term care
- Weight loss programs
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Infertility treatment
- Chiropractic care
- Private-duty nursing
- Routine eye care, Adult (through VSP)

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Nova Healthcare Administrators 716-773-2122.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,390
- Patient pays \$150

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$150</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$5,320
- Patient pays \$80

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$80</b>

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 716-773-2122 or visit us at [www.novahealthcare.com](http://www.novahealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.starpointcsd.org/StaffResources.cfm?subpage=11595> or call 716-210-2347 to request a copy.