



WAYNE TOWNSHIP PUBLIC SCHOOLS - WEA Benefits Effective 10/01/2018



General Benefit Description	Horizon Direct Access		Horizon Direct Access (Without Difference Card Funding)		Horizon Direct Access (Difference Card Funding)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible						
Individual	\$0	\$300	\$2,500	\$5,000	\$2,500	\$3,290 (70% of \$4,700)
Family	\$0	\$600	\$5,000	\$10,000	\$5,000	\$7,000
Co-insurance	100%	70%	80%	60%	20%	10%
Maximum Out of Pocket						
Individual	\$400	\$3,000	\$5,000	\$10,000	\$4,600	\$7,000
Family	\$800	\$6,000	\$10,000	\$25,000	\$9,200	\$19,000
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Physician Visit	\$10 Copay	70% after ded.	\$25 Copay	60% after ded.	\$15 Copay	10% after \$300/\$600 ded.
Specialist Visit	\$25 Copay	70% after ded.	\$50 Copay	60% after ded.	\$25 Copay	10% after \$300/\$600 ded.
Preventive Care	100%	70% no ded.	100%	60% no ded.	100%	10% no ded.
Well Baby	100%	70% no ded.	100%	60% no ded.	100%	10% no ded.
Hospital Inpatient Admission	100%	70% after ded & \$200 copay	80% after ded.	60% after ded. and \$200 copay	20% and ded.	10% after \$300/\$600 ded and \$200 copay



WAYNE TOWNSHIP PUBLIC SCHOOLS - WEA Benefits Effective 10/01/2018



General Benefit Description	Horizon Direct Access		Horizon Direct Access (Without Difference Card Funding)		Horizon Direct Access (Difference Card Funding)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Therapeutic Manipulations	\$25 copay 30 visit maximum per benefit period	70% after ded.	\$50 copay 30 visit maximum per benefit period	60% after ded.	\$25 copay 30 visit maximum per benefit period	10% after \$300/\$600 ded.
Mammography	100%	70% no ded.	80% after ded.	60% after ded.	20% and ded.	10% no ded.
O.B./Maternity	\$25 copay (copay applies to 1st visit only)	70% after ded.	\$50 copay (copay applies to 1st visit only)	60% after ded.	\$25 copay (copay applies to 1st visit only)	10% after \$300/\$600 ded.
Emergency Room	100% after \$100 copay		80% after \$100 copay		20% after \$100 copay	
Diagnostic Procedures	100%	70% after ded.	100% at Office, Labcorp, or Quest. 80% after ded. at outpatient facility	60% after ded.	20% and ded. at outpatient facility	10% after \$300/\$600 ded.
Physical, Speech, & Occupational Therapy	\$10 copay	70% after ded.	\$25 copay	60% after ded.	\$15 copay	10% after \$300/\$600 ded.
Private Duty Nursing	100%	70% after ded.	80% after ded.	60% after ded.	20% and ded.	10% after \$300/\$600 ded.
Home Healthcare	100%	70% after ded.	80% after ded.	60% after ded.	20% and ded.	10% after \$300/\$600 ded.; up to 100 visits



WAYNE TOWNSHIP PUBLIC SCHOOLS - WEA Benefits Effective 10/01/2018



General Benefit Description	Horizon Direct Access		Horizon Direct Access (Without Difference Card Funding)		Horizon Direct Access (Difference Card Funding)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Hospice	100%	70% after ded.	80% after ded.	60% after ded.	20% after ded.	10% after \$300/\$600 ded.
Skilled Nursing	100%; up to 120 days	70% after ded; up to 60 days	80% after ded; up to 120 days per benefit period	60% after ded; up to 60 days per benefit period	20% and ded; up to 120 days per benefit period	10% after ded; up to 60 days per benefit period
Durable Medical Equipment	100%	70% after ded.	80% after ded.	60% after ded.	20% and ded.	10% after \$300/\$600 ded.
Ambulance	100%	70% after ded.	80% after ded.	60% after ded.	20% and ded.	10% after \$300/\$600 ded.
Mental Health/Substance Abuse In Patient	100%	70% after ded. & \$200 copay	80% after ded.	60% after ded. And \$200 copay	20% and ded.	10% after \$300/\$600 ded.
Office Setting	\$25 copay	70% after ded.	\$50 copay	60% after ded.	\$25 copay	10% after \$300/\$600 ded.
Prescription Drug Prescription Drug Max Out-of-Pocket	\$10 generic / \$20 preferred brand / \$30 non-preferred brand Up to 90 day supply at retail pharmacy and mail order \$500 individual / \$1000 family per calendar year		\$20 generic / \$40 preferred brand / \$60 non-preferred brand Up to 90 day supply at retail pharmacy and mail order \$500 individual / \$1000 family per calendar year		\$10 generic / \$20 preferred brand / \$30 non-preferred brand Up to 90 supply at retail pharmacy and mail order \$500 individual / \$1000 family per calendar year	