IMPORTANT NOTE: The following information is a general description of a covered person's benefits arranged by type of coverage (example: medical, dental, vision). It is not intended to be an all-inclusive benefit description and cannot be considered a guarantee of benefits. Please note any limitations that apply to specific benefits or diagnoses. Not all restrictions or limitations are listed.

The benefits available are conditional on the patient's employment status, plan eligibility, payment of contributions, and amount of benefits remaining, plan provisions, and plan exclusions. The benefits quoted are not guaranteed. Final determination as to benefits payable will be made at the time a claim is submitted for payment, and subject to review of the necessary medical records and other information.

School of Springvalley Plan

INFORMATION LISTED IS IN EFFECT AS OF 7/1/2023

****Please Refer to Insurance Card for Network Information, Mailing Address for Claim Submission****

MAJOR MEDICAL BENEFITS		
	IN-NETWORK	OUT OF NETWORK
Group / Plan:	SVS PLAN	
Single Deductible:	$1,500	$1,500
Family Deductible: Non-Embedded	$3,000	$3,000
Maximum Single Out-of-Pocket:	$1,500	$1,750
Maximum Family Out-of-Pocket: Non-Embedded	$3,000	$3,500
(Embedded: The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.)		

* IN NETWORK, TOTAL MAXIMUM OUT OF POCKET AMOUNT, PER PLAN YEAR includes:
Deductible, Coinsurance and Copayments – Medical
Annual Deductible and Out -of-Pocket (Network and Non-Network DO feed into one another)
Timely Filing is 12 months
Calendar Year

All benefits are subject to deductible and coinsurance unless otherwise noted.

Required Precertification List:

All Inpatient Admissions> 23 Hours
Cardiac Rehabilitation
Clinical Trials
Dialysis
Epidural Steroid & Facet Injections
Hospice Care Service
Pulmonary Rehabilitation
Skilled Nursing Facility
Therapy Services- OT, PT, ST
Varicose Vein Treatment
All Surgical Procedures- Inpatient & Outpatient
Chemotherapy- All Types
PET Scans
Durable Medical Equipment - All rentals &purchases over $500
Home Health Care/Home Infusions
Mental Health/Substance Abuse- Inpatient & Transitional Treatment
Radiation Therapy
Testing or Services for Rare or Genetic Diseases
Transplant Services
Injectable Medications covered under the Medical Plan

If above are not Pre-Certified a $250 penalty will be applied.

Pre-Certification Authorizations expire 60 days from notification. If an extension is needed, contact Prairie States Health Management.

For a complete list of ACA Guidelines please visit their website at: https://www.healthcare.gov/coverage/preventive-care-benefits/

Prairie States Provider Phone Number: 1-800-615-7020
Claims and Eligibility information available at: www.prairieontheweb.com

	IN-NETWORK	OUT-NETWORK	Limits
Abortions	Not Covered	Not Covered	Emergency Only
Acupuncture	Not Covered	Not Covered	
Allergy Office Visit Allergy Injection/Serum	100% coinsurance after deductible	80% coinsurance after deductible	
Alternative Medicine	Not Covered	Not Covered	
Ambulance- Air/Ground/Water	100% coinsurance after deductible	80% coinsurance after deductible	Emergency Only
Ambulatory Surgical Center	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Autism Intensive Services Autism Non-Intensive Services	100% coinsurance after deductible	80% coinsurance after deductible	Maximum $ Limit benefit will be based on the State of Wisconsin annual limits and may change annually.
Birth Control	Covered 100%	80% coinsurance after deductible	Follows ACA Guidelines
Breast Pump	Covered 100%	Covered 100%	Online Invoices Accepted Shipping/Tax Not Covered
Cardiac Rehabilitation	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Cataract Surgery	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Initial pair of eyeglasses or contacts
Chemotherapy	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Chiropractic Care	100% coinsurance after deductible	80% coinsurance after deductible	Hard Limit of 25 per plan year
Cochlear Implants	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Only dependent children up to age 18
Cologuard	100% coinsurance after deductible	80% coinsurance after deductible	Once every 3 years beginning at age 45
Colonoscopy- (Screening) Colonoscopy- (Diagnostic)	100% coinsurance after deductible	80% coinsurance after deductible	Once every 10 years beginning at age 45 Follows ACA Guidelines
Cosmetic Procedures	Not Covered	Not Covered	
CT/MRI/PET Scan	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required for PET
Diabetic Education	100% coinsurance after deductible	80% coinsurance after deductible	Outpatient self-management when ordered by MD
Diagnostic Services (X-Ray, Imagining, Labs)	100% coinsurance after deductible	80% coinsurance after deductible	
Dialysis	100% coinsurance after deductible	80% coinsurance after deductible	Pre- Cert Required Benefits subject to Dialysis Contract
Durable Medical Equipment (DME)	100% coinsurance after deductible	80% coinsurance after deductible	All rentals and any purchases over $500 need Pre-Cert Mastectomy Bra limit 2 per plan year Compression Socks limit 3 per plan year
Emergency Room – Facility	100% coinsurance after deductible	80% coinsurance after deductible	Co-pay waived if admitted
Emergency Room – Physician	100% coinsurance after deductible	80% coinsurance after deductible	Co-pay waived if admitted
Epidural Steroid/Facet Injection	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Foot Orthotics	100% coinsurance after deductible	80% coinsurance after deductible	Limited to one pair every 3 years
Genetic Testing	100% coinsurance	80% coinsurance after	Pre- Cert Required

	IN-NETWORK	OUT-NETWORK	Limits
	after deductible	deductible	
Hearing Aids/Exams	100% coinsurance after deductible	80% coinsurance after deductible	One per Ear per Child under 18, every 3 years
Home Health Care	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Limit 40 visits per plan year
Hospital Outpatient Diagnostic	100% coinsurance after deductible	80% coinsurance after deductible	Pre- Cert Required
Hospital Outpatient Surgery	100% coinsurance after deductible	80% coinsurance after deductible	Pre- Cert Required
Hospital Inpatient (semi-private room)	100% coinsurance after deductible	80% coinsurance after deductible	Pre- Cert Required
Hospital Inpatient Mental Health	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Court-ordered behavioral health services are NOT Covered
Hospital Inpatient Substance Abuse	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Court-ordered behavioral health services are NOT Covered
Hospice Care	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Hypnosis	Not Covered	Not Covered	
Infertility Treatment	Not Covered	Not Covered	Diagnostic testing ONLY
Injections	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
IV Therapy	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Mammogram (includes 3D)	100% coinsurance after deductible	80% coinsurance after deductible	Follows ACA Guidelines Routine Covered 100%
Maternity (Global Fee)	100% coinsurance after deductible	80% coinsurance after deductible	Benefits are based on the setting in which covered services are received
Newborn	100% coinsurance after deductible	80% coinsurance after deductible	
Obesity Services- Gastric By-Pass Bariatric Surgery	100% coinsurance after deductible	80% coinsurance after deductible	Diagnostic testing ONLY
Office Visit/Telemedicine Specialist Office Visit/Telemedicine Teledoc	100% coinsurance after deductible	80% coinsurance after deductible	Not Covered: Physicals for sports or camp
Oral Surgery	100% coinsurance after deductible	80% coinsurance after deductible	Excision of tumors and cysts, and surgical procedures to correct accidental injuries the mouth. Wisdom teeth excluded
Prescription Drugs			
Private Duty Nursing	Not Covered	Not Covered	Outpatient Only
Psychiatric/Mental Health – Office Visit	100% coinsurance after deductible	80% coinsurance after deductible	
Psychiatric/Mental Health- Inpatient/Intensive	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Psychiatric/Mental Health- Outpatient/Other	100% coinsurance after deductible	80% coinsurance after deductible	PHP and IOP
Radiation Therapy	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert is Required
Routine Preventative Children/Adults/Immunizations	Covered 100%	80% coinsurance after deductible	Follows ACA Guidelines

	IN-NETWORK	OUT-NETWORK	Limits
Skilled Nursing Facility	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Limit 60 days per confinement
Smoking Cessation Office Visit	Not Covered	Not Covered	
Substance abuse – Office Visit	100% coinsurance after deductible	80% coinsurance after deductible	
Substance abuse – Inpatient/Intensive	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required
Substance abuse-Outpatient/Other	100% coinsurance after deductible	80% coinsurance after deductible	PHP and IOP
Therapy: Occupational/Physical/Speech	100% coinsurance after deductible	80% coinsurance after deductible	Pre-Cert Required Developmental Delay Excluded
TMJ	100% coinsurance after deductible	80% coinsurance after deductible	$2,500 Max Lifetime Limit
Transplants	Transplant Carve-out	Transplant Carve-out	Pre-Cert Required
Travel Immunizations	Not Covered	Not Covered	
Urgent Care	100% coinsurance after deductible	80% coinsurance after deductible	
Vasectomy	100% Covered	80% coinsurance after deductible	
Vision	Not Covered	Not Covered	Medical Only- No Routine Coverage
Wigs	100% coinsurance after deductible	80% coinsurance after deductible	$900 Lifetime Limit