



If you were hospitalized today, how much do you think your out-of-pocket expenses would be?

Your total expense, including deductible & coinsurance, could be as high as \$6,850 or more!

Total Health Plus is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness.

Northwest Colorado BOCES has chosen a plan design that offers you an optimal offset of expenses due to high deductibles and high out-of-pocket maximums applied under your major medical plan.

Basic Plan Benefits offered to employees of Northwest Colorado BOCES

- ◆ **Hospital Confinement Benefit*** - This benefit is designed to offset the cost you incur as an in-patient in the hospital when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to the calendar year maximum per insured person of **\$3,000 (Plan 1) or \$5,000 (Plan 2)**.
- ◆ **Out-Patient Benefit*** - This benefit offsets the cost you incur for out-patient treatment when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to an amount equal to **70%** of the Hospital Confinement Benefit limit. This benefit is a "per person per Calendar Year" maximum and is subject to a family calendar year maximum limitation that is equal to three (3) times the individual benefit. Expenses related to physician office visits are not included in this benefit. Covered expenses include:
 - ◆ Surgery in an Out-Patient Facility or a Physician's Office
 - ◆ Emergency Room visits
 - ◆ Diagnostic testing, Lab & X-ray at a diagnostic or hospital out-patient facility or at a Physician's office if the cost is not included in the global office visit fee and is not part of wellness/preventive care
- ◆ **Deductible** - This plan has a deductible amount of \$500 that must be satisfied before any benefits are payable. The deductible applies to inpatient and outpatient charges. Benefits are payable for an Insured Person after they have satisfied the "per Insured Person" deductible or the "per family" deductible has been satisfied, whichever comes first. The family deductible is two (2) times the insured person deductible.

*For expenses to be eligible under this plan they must be medically necessary for the treatment of an injury or illness. Expenses not covered by your group major medical plan are not covered.

How to File a Claim

When you enroll in Total Health Plus, you will receive a certificate of insurance, an ID card, and a claim form, along with specific instructions on how to file a claim. This form outlines the procedures you should follow and where you should send your claim. Simply stated, you will need to submit a completed claim form, itemized bills (NOT balance due statements), and EOB's that correspond to the itemized bills.

Claims may be filed at any time, but must be filed no longer than 12 months from the date of service in order to be eligible for coverage.

This information sheet highlights the important features of the product. The policy has limitations and exclusions. The exact provisions governing the insurance are contained in the master policy issued to each group on form number GAPP-5000, policy series G5000. Your carrier representative can supply you with costs and complete details of coverage.

Arranged/Administered By:
Special Insurance Services, Inc.
Plano, TX 75024
Phone: (800) 767-6811 * Fax: (972) 960-0377

Offered to Employees of:
Northwest Colorado
BOCES

Offered By:
Willis Towers Watson of Colorado

Companion Life Insurance Company (Policy Form # GAPP-5000)
Administered By Special Insurance Services, Inc.

THIS IS NOT A FULL LIST OF COVERED AND NON-COVERED SERVICES. PLEASE REFER TO THE POLICY AND CERTIFICATE FOR BENEFIT DESCRIPTIONS, A FULL LIST OF EXCLUSIONS, AND OTHER LIMITATIONS.

Covered Services - Inpatient Hospital Care

- Inpatient hospital stays (Admitted as an overnight patient for minimum of 15 hours)
- Inpatient surgeries (including anesthesia)
- Physician's In-hospital Charges
- In-hospital Maternity Care (including the doctor's global fee)
- In-hospital care for Human Organ Transplants
- Emergency Room treatment for injury and sickness if it results in a hospital stay within 24 hours
- Pregnancy covered as any other illness for employees and covered dependents
- Routine Newborn Nursery Care
- Ambulance Services, if admitted within 24 hours

Covered Services - Outpatient Care

- Outpatient hospital care and surgeries (including anesthesia)
- Emergency Room Treatment for injury and sickness, unless hospital confined within 24 hours
- Surgery in a Physician's Office
- Ambulance Services, unless hospital confined within 24 hours
- Physical and Occupational Therapy
- Diagnostic Tests -Laboratory and Pathology Services
- Diagnostic Radiology (X-rays, CT Scans, MRI's)
- Durable Medical Equipment
- Chemotherapy and Radiation
- Chiropractic Care

NON-COVERED SERVICES INCLUDE, but are NOT limited to:

- Voluntary Sterilization
- Mammography Screening
- Elective Abortions
- Mental Health Care / Care for Mental and Nervous Disorders
- Wellness / Preventive Care
- Home Health Care
- At-home Nursing Care / Hospice Care
- Treatment for Substance Abuse
- Care in a Convalescent Center or Nursing Home
- Treatment for anything that is not medically necessary
- Any service or treatment which is not covered under the major medical plan
- Any service or treatment that is not for an injury or sickness
- Dental Care
- Vision Care
- Prescription Drugs
- Anything coded by a Provider as a Physician's Office Visit (unless this benefit has been elected by the employer)