

**ASO COMPREHENSIVE MEDICAL BENEFIT PLAN
(40XX1354 01/06)
SCHEDULE OF BENEFITS**

GROUP NAME

East Baton Rouge Parish School System

GROUP NUMBER

77749 (Out of Area Plan)

GROUP'S ORIGINAL EFFECTIVE DATE

January 1, 2006

GROUP'S AMENDED BENEFIT PLAN DATE

Not Applicable

GROUP'S ANNIVERSARY DATE

January 1st

Lifetime Maximum:

\$2,000,000.00 per Member

Benefit Period Deductible Amount (Individual):

\$250.00

Maximum Number of Deductibles for a Class of Coverage with more than one (1) Member

3 Participants

The Benefit Period Deductible Amount does not apply to the following:

Preventive or Wellness Care
Pre-Admission Testing & Diagnostic Services

Coinsurance:

Preferred Care Providers and Other Providers

Group

80%

Member

20%

Special Coinsurance:

Pre-Admission Diagnostic Testing Services

100%

0%

Special Notes:

Benefits will be provided at one hundred percent (100%) of the Allowable Charge for the remainder of the Benefit Period after the Benefit Period Deductible and Out of Pocket maximum has been applied.

A reduction in Benefits will be applied for using a Nonparticipating Provider Hospital as described in the Introduction section of the Benefit Plan.

Out-of-Pocket Amount - Does NOT include the Deductible Amount or Copayments:

Individual
Family

\$3,000.00
\$5,000.00

Skilled Nursing Facility:

Benefits are limited to a Benefit Period maximum of sixty (60) days for each Member.

Home Health Care:

Benefits are limited to a Benefit Period maximum of seventy-five (75) visits for each Member.

Hospice Care:

Benefits are limited to a lifetime maximum of one hundred eighty (180) days for each Member.

Private Duty Nursing Services: (Authorization is required prior to services being performed)

Outpatient services are limited to a Benefit Period maximum of ninety (90) shifts (eight (8) hours per shift) for each Member.

Organ, Tissue, and Bone Marrow Transplant Benefits (Authorization required prior to services being performed):

Lifetime Maximum for all covered transplants combined: None
Benefits paid will accrue to the overall Lifetime Maximum Benefit shown above

Acquisition Expense Maximum per covered transplant: None
Benefits paid will accrue to the overall Lifetime Maximum Benefit shown above

Mental Disorders, Alcohol and/or Drug Abuse:	<u>Group</u>	<u>Member</u>
Coinsurance - Inpatient	80%	20%
Coinsurance – Outpatient	50%	50%

Member’s remaining Coinsurance **is eligible** for satisfying the Out-of-Pocket Amount, except for Outpatient services provided for alcohol and/or drug abuse.

Benefit Period Maximum	
Inpatient	45 days for each Member
Outpatient	52 visits for each Member

Rehabilitative Care Services:

Physical Therapy, Occupational Therapy, and/or Speech Language/Pathology Therapy is covered the same as any other illness under this Benefit Plan for each Member. No maximums are applicable.

AUTHORIZATION OF SERVICES AND SUPPLIES

Authorization of Inpatient and Emergency Admissions:

Inpatient Admissions must be Authorized. Refer to “Authorization of Services and Supplies” and if applicable “Pregnancy Care Benefits” sections of the Benefit Plan for complete information. Requests for Authorization of Inpatient Admissions, for Concurrent Review of an Admission in progress, or other Covered Services and supplies must be made to Blue Cross and Blue Shield of Louisiana by calling 1-800-392-4076.

Benefits will be reduced by fifty percent (50%) of the Allowable Charge if Authorization of an Inpatient Admission is not requested.

Authorization of Other Covered Services and Supplies:

The following services and supplies require Authorization prior to the services being rendered or supplies being received.

- Alcohol and Drug Services
- Cardiac Rehabilitation
- Durable Medical Equipment (greater than \$200.00)
- Home Health Care
- Hospice Care
- Mental Health Services
- Non-Emergency Ambulance
- Occupational Therapy
- Orthotic Devices
- All outpatient surgical procedures not performed in a Physician’s office
- Physical Therapy
- Private Duty Nursing
- Prosthetic Appliances (greater than \$500.00)
- Speech Therapy
- Sleep Studies
- Medical Nutritional Education/Therapy for Diabetes
- Skilled Nursing Facility Services

Refer to the “Authorization of Services and Supplies, and if applicable, Pregnancy Care Benefits” section of the Benefit Plan for complete information.

ELIGIBILITY WAITING PERIOD

Article II. "Schedule of Eligibility" Section A. "Employees" Subsection 6.b. "Pre-Existing Conditions – New Employees" is deleted in its entirety and will read as follows:

New Employees (and their eligible Dependents) who apply for coverage with the Group within thirty (30) days of becoming eligible to participate in the Group's health care plan are not subject to a Pre-Existing Conditions Waiting Period. New Employees (and their eligible Dependents) who do not apply for coverage with the Group within thirty (30) days of becoming eligible to participate in the Group's health care plan are subject to the twelve (12) month Pre-Existing Condition Exclusion Waiting Period as described in the Benefit Plan.

New Employees (and their eligible Dependents) will be subject to all other conditions and provisions set forth in the Benefit Plan.

Article II. "Schedule of Eligibility" Section B. "Retirees" is amended to include the following provision:

Retired participants of the EBRPSS medical plans and their covered dependent spouses, who reach age sixty-five (65) on or after June 1, 2005, must enroll in Medicare Parts A and B in order for their claims to be paid under this Plan. If a retired participant or covered spouse are eligible for Medicare, but do not enroll for Parts A and B, the claims of the person eligible for Medicare will be denied.

Medicare pays primary coverage for those retired participants and their covered dependent spouses who are enrolled in Parts A and B. The EBRPSS medical plan will pay secondary to Medicare for such persons. The retired participant's claim cannot be processed until the EBRPSS medical plan claims administrator receives an explanation of benefits from Medicare indicating what Medicare paid as primary coverage.

The above provisions do not apply to a covered dependent spouse under age sixty-five (65) or the dependent children of a retired participant age sixty-five (65) or over. The above provisions also do not apply to non-Medicare eligible retired participants who are under age sixty-five (65) and their covered dependents. Coverage for such persons will continue to be provided as primary under the EBRPSS medical plans.

Retired participants not entitled to Medicare Parts A and B must supply EBRPSS the appropriate documentation from the Social Security Administration evidencing denial of entitlement. The EBRPSS medical plan in force will continue to provide primary coverage for retired participants who are not entitled to Medicare.

See the Schedule of Eligibility in the Benefit Plan for complete information regarding Eligibility Waiting Periods.

PRE-EXISTING CONDITION EXCLUSION PERIOD

The exclusion for a Pre-Existing Condition is applicable as stated in the "Limitations and Exclusions" article of the Benefit Plan. A Member may receive credit toward this exclusionary period for any time he served toward a Pre-Existing Condition Exclusion Period under his prior coverage.