

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 \$6,250 or more!

Benefit Connection 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.

De Kalb Independent School District has chosen a plan design that offers you an optimal offset of expenses due to high deductibles and high out-of-pocket maximums.

Basic Plan Benefits offered to employees of De Kalb Independent School District

-  **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 \$1,500 plan year maximum per insured person.
-  **Out-Patient Benefit*** - This benefit offsets the cost you incur for out-patient treatment when your primary major medical policy applies such expenses to your deductible or coinsurance maximum, up to the \$1,500 benefit limit, and up to a maximum of three out-patient occurrences per family per plan year. An “occurrence” is the treatment, or the series of treatments, for a *specific injury or illness within a plan year*. 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

*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.

Low Monthly Cost

<u>Plan Selection</u>	<u>Ages 39 & Under</u>	<u>Ages 40 through 49</u>	<u>Ages 50 & Above</u>
Employee Only	\$33.62	\$44.26	\$92.96
Employee & Spouse	\$61.79	\$81.31	\$170.81
Employee & Child(ren)	\$80.80	\$86.98	\$160.18
Employee & Family	\$108.21	\$123.06	\$236.00

How to File a Claim

When you enroll in the Benefit Connection plan, you will receive an ID card, along with specific instructions on how to file a claim. This form outlines the procedures you should follow to obtain a claim form, what you need to file a claim, 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-4200, policy series G4200. Your carrier representative can supply you with costs and complete details of coverage.

Arranged/Administered By:
Special Insurance Services, Inc.
2740 Dallas Parkway, Suite 100
Plano, Texas 75093
(972) 788-0699 ❖ (800) 767-6811
Fax: (972) 960-0377

Offered to Employees of:
De Kalb ISD

Offered By:
US Employee Benefits Services Group