



Victoria Independent School District

SUMMARY - High Plan

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider's actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles
Adult Companion Lodging and Transportation	(d) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (e) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the hospital confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (f) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(c) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (d) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self-Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day

BENEFIT	BENEFIT AMOUNT
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	(c) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750 (d) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the hospital confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the hospital confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the hospital confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$4,500 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$5,000 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$2,500 per calendar month per covered person

BENEFIT	BENEFIT AMOUNT
Colony-Stimulating Factors	The Incurred Expense up to \$500 per calendar month per covered person
Hospital Confinement	The daily benefit amount \$100 per day per covered person For dependent children under the age of 21 the benefit is two (2) times the daily hospital confinement benefit
Wellness Benefit	\$50 per calendar year per covered person.
BENEFITS PROVIDED BY RIDER	
RIDER	BENEFIT
INTENSIVE CARE UNIT (ICU) BENEFIT RIDER Optional	ICU daily benefit amount (used to determine benefits payable): \$325 or \$625 per covered person per day of confinement. Payable for up to 45 days of confinement per period of confinement.

Group Cancer - Monthly Rates

Coverage Tier	High - Base	Optional Intensive Care Rider (ICR)	Optional Intensive Care Rider (ICR)
		\$325 per day	\$625 per day
Employee	\$24.31	\$26.90	\$29.30
Employee + Spouse	\$51.12	\$56.62	\$61.71
Employee + Child(ren)	\$29.95	\$34.14	\$38.01
Family	\$56.76	\$63.86	\$70.42

Administered by:



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