

SELF FUNDED PPO HIGH DEDUCTIBLE PLAN MEDICAL BENEFIT SUMMARY

CHOICE OF PPO OR NON-PPO PROVIDERS

**This HDHP is compatible with a Health Savings Account (HSA)
and Health Reimbursement Arrangement (HRA)**

Washoe County has contracted with a Preferred Provider Organization (PPO) of health care providers. When obtaining health care services, a Covered Person has a choice of using providers who are participating in the PPO network or any other Covered Providers of his/her choice (Non-PPO Providers). However, using a Non-PPO Provider could result in higher out-of-pocket expenses.

PPO Providers - PPO Providers have agreed to provide services at negotiated rates. When a Covered Person uses a PPO Provider, his/her out-of-pocket expenses may be reduced because the Covered PPO Provider will not balance bill for expenses in excess of the PPO negotiated rate. Example: a PPO surgeon's fee for a tonsillectomy is \$3,000. The PPO negotiated rate for the tonsillectomy is \$1,500. Assuming the calendar year deductible has been met, the Plan would pay 80% of \$1,500 resulting in a payment to the PPO surgeon of \$1,200. The patient's out-of-pocket expense for a PPO tonsillectomy would be \$300 (20% of \$1,500). The PPO surgeon would write-off the \$1,500 as a discount and will not balance bill the patient.

Non-PPO Providers - If you receive services from a Non-PPO Provider, your out-of-pocket expenses may be greater because the Non-PPO Provider's fees will be subject to the negotiated rate that would have been allowed to a PPO Provider had you used one. Example: a Non-PPO surgeon's fee for a tonsillectomy is \$3,000. The PPO negotiated rate for the tonsillectomy is \$1,500. Assuming the calendar year deductible has been met, the Plan would pay 80% of \$1,500 resulting in a payment to the Non-PPO surgeon of \$1,200. The patient's out-of-pocket expenses would be \$300 (20% of \$1,500) **PLUS** the Non-PPO Provider can balance bill the patient for the \$1,500 that was in excess of Usual and Customary, making the patient's out-of-pocket expense for a Non-PPO tonsillectomy \$1,800. The amount in excess of Usual and Customary will not go towards the Individual or Family Out-of-Pocket Maximums.

PREFERRED PROVIDER NETWORK

Hometown Health

(775) 982-5425 or (866) 988-5425

www.hometownhealth.com

A complete listing of the PPO Providers is on Hometown Health's (HHP) website at www.hometownhealth.com or you may call Hometown Health's customer service at (775) 982-5425 or (866) 988-5425. It is the responsibility of the Covered Person to verify that the provider is a PPO provider. If you require a specialty provider that is not represented in the PPO Network it is recommended that you contact Utilization Management to receive a pre-determination of benefits before receiving any services. See **Utilization Management Program** section.

Covered Persons Residing Outside of Hometown Health PPO Service Area - If you permanently reside outside of the Hometown Health Self-Funded PPO network, your assigned PPO network is provided by PHCS. A listing of the PHCS Providers can be found at www.multiplan.com or you may call PHCS customer service at (800) 678-7427.

NOTE: It is the Covered Member's responsibility to notify the Plan Sponsor if you or a covered dependent permanently reside outside of the Hometown Health PPO network. Notice is also required when/if you or your covered dependent's permanent residence changes and the PHCS network is no longer applicable.

Non-PPO Provider fees will be subject to the PPO negotiated rates. However, in the following circumstances Non-PPO Provider fees will be subject to the **Usual and Customary** allowance rather than the PPO negotiated rate. See **Definitions** section for **Usual and Customary**.

PPO HIGH DEDUCTIBLE PLAN MEDICAL BENEFIT SUMMARY, continued

Covered Persons Residing Outside of PPO Service Area - If you permanently reside more than 50 miles from a PPO Provider, your local provider's fees will be covered at the **Usual and Customary** allowance.

Emergency Care - If a Covered Person requires care for a **Medical Emergency** as defined below and is transported by an ambulance or private transportation to a Non-PPO facility, such Non-PPO fees will be subject to **Usual and Customary** instead of the PPO negotiated rate(s). If the **Medical Emergency** results in an inpatient hospitalization that is expected to exceed 3 days, **Utilization Management** will contact the Covered Person's treating physician to request that the **Covered Person** be transferred to the Plan's PPO facility once the treating physician determines his/her patient is medically stable for a safe transfer. If the Covered Person chooses not to transfer when medically stable for transfer, then the Non-PPO facility will be subject to the PPO negotiated rate(s) instead of **Usual and Customary** and may result in a greater out-of-pocket expense for the Covered Person. The treating physician is defined as the admitting physician for the inpatient stay or the physician overseeing the care of the patient during the inpatient stay.

A **Medical Emergency** is a situation which arises suddenly and which either poses a serious threat or causes serious impairment of bodily functions and which requires immediate medical attention or hospitalization. This includes conditions arising as the result of accidental bodily injury and any of the following conditions or symptoms: acute severe abdominal pains, poisoning, vomiting, acute chest pains (angina, suspected heart attack, coronary, pneumothorax), shortness of breath, asthma, allergic reaction to drugs, angioneurotic edema, convulsions, coma, syncope, fainting, shock, hemorrhage, acute urinary retention, epistaxis (severe nose bleed), or high fever of at least 104 degrees.

Unavailable Services - If a Covered Person requires a specialty provider that is not represented in the PPO Network such Non-PPO specialist fees will be covered using **Usual and Customary**, rather than the PPO negotiated rate. Before seeking specialty care from a Non-PPO Provider it is recommended that you, or the physician referring you to a Non-PPO Provider, contact Utilization Management to receive a pre-determination of benefits. See the **Utilization Management Program** section for additional information.

Ancillary Services - Services of a Non-PPO ancillary provider's fees (i.e. emergency room Physician, urgent care Physician, radiologist, pathologist, on-call Physician) will be covered using **Usual and Customary** rather than the PPO negotiated rate if such services are received while a Covered Person is being treated in a PPO emergency room, PPO Urgent Care Facility, PPO Ambulatory Surgery Center or confined in a PPO hospital facility.

EXAMPLE OF HOW YOUR OUT-OF-POCKET EXPENSES can be greater if you use the services of a Non-PPO Provider. John and Peter both had the same surgery performed, except Peter went to a Non-PPO Ambulatory Surgery Center.

John had outpatient surgery at a Preferred PPO Ambulatory Surgical Center. John's out-of-pocket expense was \$ 0.00.		Peter had outpatient surgery at a Non-PPO Ambulatory Surgical Center. Peter's out-of-pocket expense was \$4,575.26.	
PPO Provider		Non-PPO Provider	
Billed Amount	\$5,725.00	Billed Amount	\$5,725.00
PPO Negotiated Rate (Allowed Amount)	\$1,437.18	Negotiated Rate (Allowed Amount)	\$1,437.18
PPO Provider Discount Not Patient Responsibility	\$4,287.82	In excess of negotiated rate Patient Responsibility	\$4,287.82
Allowed Amount	\$1,437.18	Allowed Amount	\$1,437.18
Plan Pays 80% when using a Preferred Ambulatory Surgery Center	\$1,149.74	Plan Pays 80% of Negotiated rate (Allowable Amount)	\$1,149.74
Patient Out-of-Pocket (Patient responsibility) 20% of \$1,437.18	\$287.44	Patient Out-of-Pocket (Patient responsibility) 20% of \$1,437.18 PLUS \$4,287.82 in excess of negotiated rate.	\$4,575.26

PPO HIGH DEDUCTIBLE PLAN MEDICAL BENEFIT SUMMARY, continued

	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
LIFETIME MAXIMUM	Unlimited	
MAXIMUM DEDUCTIBLE – Calendar Year		
Employee (Self Only)		\$2,600
Family (Self + 1 or more family members)		\$2,950
OUT-OF-POCKET MAXIMUM – Calendar Year		
Employee (Self Only)	\$5,250	\$10,500
Family (Self + 1 or more family members)	\$6,350	\$10,750

DEDUCTIBLE MAXIMUM

If you select Employee Only Coverage you pay a \$2,600 deductible per Calendar Year before the Plan provides benefits.

If you select Family coverage (*employee plus one or more eligible dependent enrolled*), no individual deductible applies and the family deductible must be met before the Plan provides benefits to any family member. The \$2,950 Family Deductible amount is met as follows:

- (1) When one family member has satisfied the \$2,950 Family Deductible, that family member and all other family members and are eligible for benefits, or
- (2) When no family member meets the family deductible on their own, but the family members collectively meet the entire family deductible, then all family members will be eligible for benefits.

*Family Deductible satisfies the IRS Minimum Family Deductible requirement.

OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum for a Family Member - Once a covered member of the family has satisfied the \$5,250 Out-of-Pocket Maximum for PPO In-Network or \$10,500 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for that family member, even when the Family Out-of-Pocket limit has not been met. Prescription Drug, PPO In-Network and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

Out-of-Pocket Maximum for Family - Once the Family has satisfied the \$6,350 Out-of-Pocket Maximum for PPO In-Network or \$10,750 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for the family for the remainder of the Calendar Year. Prescription Drug, PPO (In-Network) and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

Out-of-Pocket Maximums are the monies you pay towards your plan's deductibles, coinsurance and co-pays. Out-of-Pocket Maximums do not apply to or include:

- 1) amounts in excess of Usual, Customary and Reasonable as determined by the Plan;
- 2) expenses which become the Covered Person's responsibility for failure to comply with the requirements of the **Utilization Management Program**.
- 3) Expenses which become the Covered Person's responsibility for services not covered by the Plan.

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN SCHEDULE OF BENEFIT PERCENTAGES

IMPORTANT INFORMATION regarding Non-PPO Allowable (U&C) - Except where expressly stated otherwise, where rates have been negotiated with providers participating in the PPO Network, such rates will apply to PPO Providers and will be used as the Plan's Usual and Customary (U&C) allowable for Non-PPO Providers. Non-PPO charges in excess of U&C will not be applied towards the Out-of-Pocket Maximum and will be the Covered Person's patient responsibility.

It is important to read the entire Plan Document. The Medical Benefit Summary section provides only the highlights of the Plan and should not be relied on to determine the extent to which a service or benefit is covered or excluded. See the **ELIGIBLE MEDICAL EXPENSES, MEDICAL LIMITATIONS AND EXCLUSIONS AND GENERAL EXCLUSIONS** Sections for more information.

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
Ambulance	Yes	80%	80%
Ambulatory Surgical Center (ASC)	Yes	80%	80% of U&C
Acupuncture / Acupressure	Yes	80%	80% of U&C
Autism Spectrum Disorder	Yes	80%	80% of U&C
Limited to 1,200 hours of therapy per Calendar Year.			
Behavioral Health Services (Mental Health and Substance Abuse)			
Outpatient Physician Visit	Yes	100%	80% of U&C
Inpatient Physician Visit	Yes	80%	80% of U&C
Inpatient Facility	Yes	80%	\$500 co-pay + 80% of U&C
Chiropractic Care , up to 25 visits per Calendar Year	Yes	80%	80% of U&C
Diabetes Education	Yes	80%	80% of U&C
Diagnostic Lab & X-ray	Yes	80%	80% of U&C
Durable Medical Equipment	Yes	80%	80% of U&C
Genetic Counseling and Testing			
BRCA Counseling	No	100%	80% of U&C
BRCA1 and BRCA2 test	No	100%	80% of U&C
ApoE Counseling and test	Yes	80%	80% of U&C
Pregnancy specific counseling and tests	Yes	80%	80% of U&C
All other Genetic Counseling and Testing, not specifically listed, up to \$1,000 per calendar year.	Yes	80%	80% of U&C
NOTE: See Genetic Counseling and Testing and Pregnancy under the ELIGIBLE MEDICAL EXPENSES for additional information.			
Hearing Aids and Related Exams , limited to one (1) hearing aid per ear and one (1) exam every 36 months.	Yes	80%	80% of U&C

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN SCHEDULE OF BENEFIT PERCENTAGES

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
Home Health Care , up to 100 visits per Calendar Year	Yes	80%	80% of U&C
Hospice Care	Yes	80%	80% of U&C
Hospital Services			\$500 co-pay + 80% of U&C
Inpatient Services	Yes	80%	80% of U&C
Emergency Room Services	Yes	80%	80% of U&C
Outpatient Services	Yes	80%	80% of U&C
Inpatient Admission to a Non-PPO hospital will result in an additional co-payment of \$500, unless admitted through the emergency room or you reside more than 50 miles from a PPO hospital.			
Newborn Nursery	Yes	80%	80% of U&C
Orthopedic Shoes , one pair up to \$500 per Calendar Year	Yes	80%	80% of U&C
Orthotics / Shoe Inserts			
Age 0-17, up to \$300 Lifetime	Yes	80%	80% of U&C
Age 18 and over, up to \$150 Lifetime	Yes	80%	80% of U&C
Physical / Occupational Therapy	Yes	80%	80% of U&C
Physician Services			
Primary Care Physician (PCP) - Office Visit, injections, X-ray and laboratory services during PCP Office Visit	Yes	100%	80% of U&C
Specialist Office Visit Only	Yes	100%	80% of U&C
All other services performed in a PCP or Specialist Office Visit	Yes	80%	80% of U&C
Physicians, All Others	Yes	80%	80% of U&C
Primary Care Physician (PCP) includes Family Practice, General Practice, Gynecology, Internal Medicine and Pediatrics. Specialist physicians include all others unless noted.			
Prescription Drug Program through MaxorPlus			
Generic	Yes		\$ 7 co-pay
Preferred Brand	Yes		\$ 30 co-pay
Non-Preferred Brand	Yes		\$ 50 co-pay
Specialty Drugs	Yes		20% co-insurance
Maintenance Drugs (mandatory mail-order, ≤ 90-day supply)			
Generic	Yes		\$ 14 co-pay
Preferred Brand	Yes		\$ 60 co-pay
Non-Preferred Brand	Yes		\$ 100 co-pay
See Prescription Drug Program section for additional information.			

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN SCHEDULE OF BENEFIT PERCENTAGES

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
Preventive/Wellness	No	100%	100% of U&C
Preventative/Wellness benefits are healthcare services that are not provided as a result of illness, injury or congenital defect. Any test or procedure done that is related to a known or present condition may not be subject to this benefit and will be processed accordingly. See Appendix A – Preventative Services for additional information.			
Second Surgical Opinion	Yes	80%	80% of U&C
Skilled Nursing Facility , up to 60 days per Calendar Year	Yes	80%	80% of U&C
Speech Therapy	Yes	80%	80% of U&C
Telemedicine Services	Yes	100%	100% of U&C
Temporomandibular Joint Dysfunction (TMJ) Surgery	Yes	80%	80% of U&C
Non-Surgical services, up to \$500 per Calendar Year	Yes	80%	80% of U&C
Medically accepted non-surgical services including splints (removable mouth piece) will have a limit of \$500 per calendar year. Dental and orthodontia procedures are covered under the Dental Plan. Refer to the Dental Plan Summary for Benefits and Limitations .			
Urgent Care Centers	Yes	80%	80% of U&C
Weight Loss Surgery , one (1) procedure per Lifetime	Yes	80%	80% of U&C
All Other Eligible Medical Expenses	Yes	80%	80% of U&C