

Effective July 1, 2014

SELF FUNDED PPO HIGH DEDUCTIBLE - HSA PLAN MEDICAL BENEFIT SUMMARY

CHOICE OF PPO OR NON-PPO PROVIDERS

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

Universal Health Network
(775) 356-1159 or (800) 776-6959
www.uhnppo.com

A complete listing of the PPO Providers is on Universal Health Network's (UHN) website at www.uhnppo.com or you may call UHN's customer service at (775) 356-1159 or (800) 776-6959. The PPO listing is also available through the Human Resource's office, although it may not be the most current including all PPO changes. 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.

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**.

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

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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 PPO Ambulatory Surgical Center listed under Nevada Health Partner's Preferred Providers. 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, U&C)	\$ 1,437.18	PPO Negotiated Rate (Allowed Amount, U&C)	\$ 1,437.18
PPO Provider Discount Not Patient Responsibility	\$ 4,287.82	In excess of negotiated rate Patient Responsibility	\$ 4,287.82
Allowed Amount (U&C)	\$ 1,437.18	Allowed Amount (U&C)	\$ 1,437.18
Plan Pays 100% when using a NHP Ambulatory Surgery Center	\$ 1,437.18	Plan Pays 80% of Negotiated rate (Allowable Amount)	\$ 1,149.74
Patient Out-of-Pocket (Patient responsibility)	\$ 0.00	Patient Out-of-Pocket (Patient responsibility) 20% of \$1,437.18 PLUS \$4,287.82 in excess of negotiate rate.	\$ 4,575.26

**SELF FUNDED PPO HIGH DEDUCIBLE – HSA PLAN
SCHEDULE OF MEDICAL BENEFITS**

	PPO In-Network	Non-PPO Out-of-Network
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE	\$2,500	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$5,000	\$10,000

CALENDAR YEAR DEDUCTIBLE – The \$2,500 Calendar Year Deductible applies collectively to a Covered Unit. A Covered Unit includes the covered employee, his covered spouse/domestic partner, and/or covered dependent child(ren), if any. Only Eligible Medical and Prescription Drug expenses, defined by the Plan, will apply towards the Calendar Year Deductible. The Calendar Year Deductible will be applied towards the Calendar Year Out-of-Pocket Maximum.

OUT-OF-POCKET MAXIMUM – The Out-of-Pocket Maximum applies collectively to a Covered Unit. A Covered Unit includes the covered employee, his covered spouse/domestic partner or his covered dependent children, if any. A Covered Unit will not be required to pay more than \$5,000 in PPO eligible Medical and Prescription Drug expenses, or \$10,000 in Non-PPO eligible Medical and Prescription Drug expenses in any Calendar Year toward their share of Out-Of-Pocket Maximum obligations. Once the Covered Unit has met their Out-of-Pocket Maximum, their Eligible Medical and Prescription Drug Expenses will be paid at 100% for the balance of the Calendar Year, except for the amounts/expenses listed below under **NOTE**.

NOTE: The out-of-pocket maximums do not apply to or include:

- 1) amounts applied to co-payments;
- 2) amounts in excess of Usual and Customary (U&C) and Reasonable as determined by the Plan;
- 3) Expenses which become the Covered Person's responsibility for failure to comply with the requirements of the **Utilization Management Program**.

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 participating 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 In-Network	Non-PPO 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) Nevada Health Partner's Preferred Providers – see list below. All Other Ambulatory Surgical Centers	Yes Yes	100% 80%	N/A 80% of U&C
The 100% benefit applies to the following Nevada Health Partners' ASCs			
Digestive Health Center	Reno Endoscopy Center	Summit Surgery Center	
Northern Nevada Medical Center	Saint Mary's Regional Medical Center	Surgery Center of Reno	
Acupuncture / Acupressure	Yes	80%	80% of U&C
Autism Spectrum Disorder	Yes	80%	80% of U&C
Limited to \$36,000 per Calendar Year.			
Behavioral Health Care Inpatient Hospital/Facility	Yes	80%	\$500 Co-Pay + 80% of U&C
Physician Services	Yes	80%	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
Durable Medical Equipment	Yes	80%	80% of U&C
Genetic Counseling and Testing BRCA Counseling BRAC1 and BRAC2 test ApoE Counseling and test Pregnancy specific counseling and tests All other Genetic Counseling and Testing not specifically listed subject to a \$1,000 annual benefit.	No Yes Yes Yes Yes	100% 80% 80% 80% 80%	80% of U&C 80% of U&C 80% of U&C 80% of U&C 80% of U&C
NOTE: All other Genetic Counseling and testing not specifically listed as covered is limited to \$1,000 annual benefit. 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 and one (1) exam in a three year period.	Yes	80%	80%
Home Health Care , up to 100 visits per Calendar Year	Yes	80%	80% of U&C

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ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO In-Network	Non-PPO Out-of- Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
Hospice Care	Yes	80%	80% of U&C
Hospital Services	Yes	80%	\$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	Yes	80%	80% of U&C
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	Yes	100%	80% of U&C
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
Primary Care Physician (PCP) is Family Practice, General Practice, Gynecology, Internal Medicine and Pediatrics. Except where expressly states, All Other Services performed in a PCP or Specialist Office Visit includes, but is not limited to, radiation therapy, dialysis, infusion therapy and office surgery.			
Prescription Drug Program through Catamaran RX	Yes	Yes	\$5 Co-Pay
Generic	Yes	Yes	\$25 Co-Pay
Preferred Brand	Yes	Yes	\$40 Co-Pay
Non-Preferred Brand	Yes	Yes	\$40 Co-Pay
See Prescription Drug Program section for additional information.			
Preventive/Wellness Benefit - includes, but is not limited to: Colonoscopy Cancer Screening, HPV vaccination, immunizations, Screening Mammogram, Pelvic Exam and Pap Smear, Physical Exam and age appropriate screening tests, Prostate Specific Antigen (PSA lab test) and Well baby/child visits.	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.			

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SCHEDULE OF BENEFIT PERCENTAGES**

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO In-Network	Non-PPO Out-of-Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
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
Substance Abuse Care			
Inpatient Hospital/Facility	Yes	80%	\$500 Co-Pay + 80% of U&C
Physician Services	Yes	80%	80% 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 treatments, including splints (removable mouth pieces), will be subject to 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 procedure per Lifetime	Yes	80%	80% of U&C
All Other Eligible Medical Expenses	Yes	80%	80% of U&C