

SUMMARY OF BENEFITS – Douglas County



**FP 80+1500+Rx
HDHP HRA
Group C064**

MAXIMUM LIFETIME BENEFIT\$2,000,000 participating provider / \$250,000 nonparticipating provider

ANNUAL DEDUCTIBLE

Participating Providers\$1,500 individual / \$3,000 family per calendar year

Nonparticipating Providers\$3,000 individual / \$6,000 family per calendar year

The deductible applies to all services and supplies, except those services marked with an asterisk (*), and accumulates to the out-of-pocket limit. The individual deductible applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, only the family deductible applies.

OUT-OF-POCKET LIMIT

Participating Providers\$3,000 individual / \$6,000 family per calendar year

Nonparticipating Providers\$6,000 individual / \$12,000 family per calendar year

The out-of-pocket limit for participating providers accumulates separately from out-of-pocket limit for nonparticipating. Once the participating out-of-pocket limit has been met, this plan will pay 100% of covered charges for participating and network not available providers for the rest of that calendar year. Once the nonparticipating out-of-pocket limit has been met, this plan will pay 100% of covered charges for nonparticipating providers for the rest of that calendar year. Nonparticipating provider charges in excess of the fee allowance do not accumulate to the out-of-pocket limit. The individual out-of-pocket limit applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, the family out-of-pocket limit applies.

PROVIDER PANEL/NETWORKPreferred PSN (refer to directly at www.pacificsource.com)

SERVICE:	PARTICIPATING PROVIDER AND NNA BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
PREVENTIVE CARE		
Well Baby Care	80%*	60%
Routine Physicals	80%*	60%
Routine Gynecological Exams	100% after \$15 copay*	60%
Child Immunizations	100% after \$15 copay*	
Immunizations	80%*	60%
PROFESSIONAL SERVICES		
Office and Home Visits	80%	60%
Urgent Care Center Visits	80%	60%
Surgery	80%	60%
HOSPITAL SERVICES		
Inpatient Room and Board	80%	60%
Inpatient Rehabilitative Care	80%	60%
Skilled Nursing Facility Care	80%	60%
OUTPATIENT SERVICES		
Outpatient Surgery	80%	60%
Diagnostic and Therapeutic Radiology and Lab	80%	60%
CT/PET Scans, CATH Labs and MRIs	80%	60%
• Emergency Room Visits (copay waived if admitted)	80%	60%
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Office Visits	80%	60%
Inpatient Care	80%	60%
Residential Programs	80%	60%
OTHER COVERED SERVICES		
Physical, Occupational, and Speech Therapy	80%	60%
Allergy Injections	80%	60%
Ambulance	80%	80%
Durable Medical Equipment	80%	60%
Home Health Care	80%	60%
Alternative Care and Chiropractic	100% after \$15 copay*	60% after \$15 copay*
Hearing Exam/Aid	50%	50%
Temporomandibular joint syndrome (TMJ)	50%	50%
Infertility (medically necessary)	50%	50%

• **In true medical emergencies, nonparticipating providers are paid at the participating provider level.**

* **Not subject to annual deductible**

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, nonparticipating may not. Services of nonparticipating providers may result in out-of-pocket expense in addition to percentage indicated. Network Not Available (NNA) payment is allowed when PacificSource has not contracted with providers in the geographical area of the member's residence or work for a specific service/supply. Payment for NNA is based on the usual, customary, and reasonable charge for the geographical area. For more information, see the Payment to Providers in the member benefit handbook.

This is only a brief summary of benefits. Please refer to additional information provided for a further explanation of benefits/limits.

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Douglas County



HDHP HRA LIMITATIONS

Group C064

GENERAL BENEFIT LIMITATIONS (see medical handbook for more complete list and details)

Ambulance is covered to the nearest facility able to treat the condition up to \$5,000 per calendar year.

Biofeedback to treat migraine headaches or urinary incontinence is limited to a lifetime maximum of 10 sessions.

Cardiac rehabilitation for Phase I covered under inpatient hospital, Phase II covered as outpatient hospital benefits up to a lifetime maximum benefit of 36 sessions if preauthorized by PacificSource, and Phase III is not covered.

Chiropractors, naturopaths, or acupuncturists are covered to a combined \$1,000 calendar year maximum on the HDHP HRA plan only.

Contraceptive devices (IUD, Norplant, diaphragm, cervical cap) and insertion/removal are covered. Devices that can be obtained without a prescription such as condoms, sponges, and spermicides are not covered.

Diabetic self-management education covered when diagnosed. Up to three hours of education per year if significant change.

Durable medical equipment (DME) is limited to rental cost or purchase price, whichever less. DME over \$500 requires preauthorization. Lenses to correct vision defect resulting from severe medical problem or eye surgery other than refraction procedures has a \$200 maximum. Breast pump rental or purchase limited to \$200 lifetime maximum.

Hearing aid, hearing exam, evaluation, and follow up exam are covered up to a combined total of \$500 every 36 months.

Home healthcare is covered up to 140 visit maximum per calendar year when preauthorized.

Hospice care is covered up to a \$20,000 lifetime maximum when included in an approved hospice treatment plan.

Infertility office visits and diagnostic procedures are covered when medically necessary, and includes medication to preserve fertility during treatment with catatonic chemotherapy. In vitro fertilization and procedures are not covered.

Mental health and chemical dependency treatment and services are subject to the same standards for medical necessity and experimental and investigational criteria as other medical conditions. Outpatient visits in excess of the first eight visits are subject to review of the continuation of treatment, or post-treatment review. Long-term residential mental health programs exceeding 45 days per calendar year will not be authorized.

Organ Transplants: Covered up to \$100,000 lifetime maximum after 24 consecutive months of group health coverage or since birth. Travel/living expenses not covered for recipient's family/donor. Donor up to \$25,000 and accumulates to the \$100,000 lifetime maximum.

Pediatric dental care requiring general anesthesia has a \$1,000 lifetime maximum for facility if preauthorized.

Physical, occupational, or speech therapy: Limit of 30 visits per calendar year prescribed; 60 days for head/spinal cord injury).

Prosthesis for organic impotency is covered to a lifetime maximum of \$4,000. Preauthorization is required.

Pulmonary rehabilitation (outpatient) covered for severe chronic lung disease up to 36 visit lifetime maximum if preauthorized.

Respite care is covered up to 120 hours per three month period for members that require continuous assistance when arranged by the attending physician and preauthorized. Not subject to the \$20,000 hospice home care maximum.

Routine gynecological exam covered once each calendar year for women 18 and over. Includes Pap smear, pelvic/breast exam, blood pressure, and weight check. Includes annual mammogram for women 35 and over, or as recommended by a physician for women with a high-risk condition. Lab services are limited to occult blood, urinalysis, and complete blood count.

Routine physicals (age 2+ years) are covered as follows: ages 2-6 one exam every year; ages 7-18 one exam every two years; ages 19-34 one exam every four years; ages 35-59 one exam every two years; and age 60 and over one exam every year.

Skilled nursing facility: Covered for up to 100 days per calendar year when preauthorized by PacificSource.

Sleep apnea and other sleeping disorders require preauthorization. Coverage of oral devices has a \$500 lifetime maximum.

Temporomandibular joint syndrome (TMJ) is covered up to a \$10,000 lifetime maximum when preauthorized and medically necessary.

Well baby care (first 24 months of life) is limited to nine exams during first 24 months of life, including a standard in-hospital exam at birth.

GENERAL EXCLUDED SERVICES (see medical handbook for more complete list and details)

Cosmetic or reconstructive services, except post-mastectomy reconstruction

Custodial care or daycare, including help with daily activities such as walking, bed, bathing, dressing, eating, and meals

Dental examinations and treatment to prevent, diagnose, or treat diseases of the teeth, tissues, or structures

Education/training for career, personal growth, assertiveness, sensitivity, image therapy, relaxation, stress management, parenting, family, self-help, medical equipment use, self-administered drug use, or nutrition (except for diabetic education)

Experimental or investigational treatment

Eye refraction procedures, orthoptics, vision therapy, or other services to correct refractive error

Foot care (routine), unless treatment is for diabetes mellitus

Immunizations for the purpose of travel, occupation, or foreign residence

Impotency, frigidity, sexual dysfunction, or sexual transformation diagnose or treatment

Obesity or weight control treatment or surgery, even if there are other medical reasons for weight control

Orthognathic procedures and over the counter medications

Pre-existing conditions are excluded coverage for six months on the HDHP HRA plan (will credit waiting period for qualified prior coverage).

Prescription drugs and oral contraceptives (except as covered under prescription drug card) and over-the-counter medications

Private duty nursing service

Treatment of any condition caused by a war, armed invasion, or act of aggression, or while serving in the armed forces.

SUMMARY OF BENEFITS

Douglas County



**MM 80% VAR
HDHP HRA Rx
Group C064**

Your PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. Your prescription drug plan does **not** qualify as creditable coverage for Medicare Part D.

Annual Deductible

The deductible is an amount of covered medical expenses the member pays each calendar year before the plan's benefits begin. Your pharmacy benefit is also subject to your medical plan's deductible.

Out-Of-Pocket Limit

Once a member has met the medical out-of-pocket limit, this plan will pay 100% of covered charges for participating pharmacies for the rest of that year.

Coinsurance

Once you meet your deductible, you will pay the coinsurance shown below and Caremark® pharmacies will electronically submit the balance of your claim to PacificSource for payment if you use your PacificSource ID card.

From a participating Caremark® retail pharmacy using the PacificSource Pharmacy Program (see below):

Up to a 34-day supply:

After Medical Deductible Met

20%

From a participating mail order service (see below):

Up to 90-day supply:

20%

USING THE PACIFICSOURCE PHARMACY PROGRAM

The Caremark® pharmacy network includes about 98% of all retail pharmacies in the United States. It also includes *drugstore.com*, an Internet-based pharmacy service.

To use the PacificSource pharmacy program, you must show the Caremark® plan number on your PacificSource ID card at the participating pharmacy to receive your plan's highest benefit level. When obtaining prescription drugs at a participating Caremark® retail pharmacy, the PacificSource pharmacy program can only be accessed through the pharmacy plan number printed on your PacificSource ID card.

IMPORTANT – Using your PacificSource ID card at a participating pharmacy will reduce your paperwork. The pharmacy plan number on your ID card allows the pharmacy to submit your claim to PacificSource electronically to credit your deductible. It also allows the pharmacy to know when you have met your deductible so they will only charge you the 20% coinsurance instead of the full amount. In addition, it allows tells them when you meet your out-of-pocket maximum so they can waive your coinsurance. Using your ID card when you fill a prescription reduces the need to have to submit claims for reimbursement.

If you do not present your PacificSource ID card at the time of purchase, or if you use a nonparticipating pharmacy, you will need to file a claim for reimbursement and your benefits will be reduced. To submit a claim, send PacificSource your pharmacy receipt, your group name and number, your name and member ID number, and the patient's name and relationship to you. We will reimburse you either the contracted rate minus your copayment, or the maximum plan allowance minus your copayment, whichever is less.

Mail Order Service

Mail order prescription service is also available through your plan for most prescription drugs using your PacificSource ID card. If you take a medication on a regular basis, mail order service is a convenient way to order prescriptions and have them delivered directly to your home. There is no shipping or handling charge for standard delivery. For more information, please see the Mail Order Pharmacy Options for Prescription Drugs flier available from your plan administrator or PacificSource, or on the For Members area of our Web site, www.pacificsource.com.

OTHER COVERED PHARMACEUTICALS

Supplies covered under pharmacy are in place of, not in addition to, those same covered supplies under the medical plan.

Contraceptives

- Oral contraceptives
- Depo Provera or Lunelle injections, Ortho Evra Transdermal Patch, NuvaRing Vaginal Contraceptive Ring, or Preven.
- Diaphragm or cervical caps are available.

Diabetic Supplies

- Insulin and diabetic syringes.
- Lancets and test strips.
- Glucagon recovery kits. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless preauthorized by PacificSource).
- Glucostix and glucose monitoring devices are not covered under this pharmacy benefit, but are covered under your medical plan's durable medical equipment benefit.

Bee Sting Kits

Anaphylactic recovery kits for people with severe allergic reactions to bee stings are available. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless otherwise preauthorized).

CAREMARK® SPECIALTY PHARMACY PROGRAM

Caremark® Specialty Pharmacy Services is your provider for a 30-day supply of many specialty and biotech drugs often used to treat chronic or genetic disorders. The program is designed to help PacificSource members with the following health conditions maximize the value of their health plan benefits:

Asthma	Growth hormone deficiency	Immune disorders	Pulmonary arterial hypertension
Crohn's disease	Hematopoietics	Multiple sclerosis	Pulmonary disease
Enzyme replacement	Hepatitis C	Oncology	RSV prevention
Gaucher's disease	Hormonal therapies	Psoriasis	Rheumatoid arthritis

A complete list of medications covered under this program is available on the For Members area of our Web site, www.pacificsource.com. If you are using a covered medication, you will be contacted and invited to participate in the program. The Caremark® Specialty Pharmacy Program offers:

- Personal attention from a pharmacist-led CareTeam that provides condition-specific education, medication administration instruction, and expert advice to help you manage your therapy
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week
- Easy ordering with a dedicated toll-free number
- Confidential and convenient delivery of medications to the location of your choice

LIMITATIONS AND EXCLUSIONS

- This plan only covers drugs prescribed by a licensed physician (or other licensed practitioner eligible for reimbursement under your plan) prescribing within the scope of his or her professional license, except for:
 - Over-the-counter drugs or other drugs that federal law does not prohibit dispensing without a prescription (even if a prescription is required under state law).
 - Drugs for any condition excluded under the health plan. That includes drugs intended to promote fertility, treatments for obesity or weight loss, smoking cessation drugs, experimental drugs, and drugs available without a prescription (even if a prescription is provided).
 - Immunizations (although certain immunizations are covered under your health plan's preventive care benefit – please see the Covered Expenses – Preventive Care Services section of your Member Benefit Handbook)
 - Viagra and other drugs and devices to treat impotency
 - Drugs used as a preventive measure against hazards of travel
- Certain drugs require preauthorization by PacificSource in order to be covered. An up-to-date list of drugs requiring preauthorization is available on the For Members area of our Web site, www.pacificsource.com.
- Quantities for any drug filled or refilled are limited to no more than a 34-day supply when purchased at retail pharmacy or a 90-day supply when purchased through mail order pharmacy service.
- Quantities for Specialty Drugs are limited to no more than a 30-day supply.
- PacificSource may limit the dispensing quantity through the consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and governmental approval status.
- For drugs purchased at nonparticipating pharmacies or at participating pharmacies without using the PacificSource pharmacy program, reimbursement is limited to an allowable fee. That fee is the wholesale acquisition cost of the medication plus 20%.
- Your share of the cost for prescription drugs does not apply to your medical plan's out-of-pocket maximum. Prescription drug copays are still your responsibility even if the medical plan's out-of-pocket maximum is satisfied.
- Prescription drug benefits are subject to your plan's coordination of benefits provision. (For more information, see Claims Payment–Coordination of Benefits in your Member Benefit Handbook.)