

**RANDALL COUNTY  
BASIC PLAN - SCHEDULE OF BENEFITS**

Effective Date: October 1, 2017

The following is a summary of the benefits, subject to co-payments, deductibles, percentages and limitations, provided to you and any covered dependents. <b>Please note the Plan Year Deductibles are always applicable unless the schedule states they are waived.</b> PLEASE REFER TO THE LIMITATIONS AND EXCLUSIONS FOR ADDITIONAL EXPLANATIONS.		
<b>Major Medical Expense Benefit</b>	<b>PPO</b>	<b>*Non-PPO</b>
<b>Plan Year Deductible</b>		
Individual	\$1,000	\$10,000
Family	\$3,000	\$20,000
<b>Percentage Payable (AFTER DEDUCTIBLE OR CO-PAYMENT UNLESS OTHERWISE STATED BELOW)</b>	75%	60%
<b>Out of Pocket Maximum (EXCLUDING ANY APPLICABLE DEDUCTIBLES, PRESCRIPTION CHARGES AND CO-PAYMENTS)</b>		
Individual	\$3,000	Unlimited
Family	\$6,000	Unlimited
<b>Affordable Care Act mandated maximums</b>		
Individual	\$6,350	N/A
Family	\$12,700	N/A
	Including any applicable Deductibles, Prescription Charges and Co-Payments	
<b>PPO and Non-PPO Deductible and Out of Pocket maximums will be considered integrated.</b>		
<b>Physician Services (In Office)</b>		
<b>Primary Care Physician</b> (Family Practice, General Practice, Internal Medicine, Pediatricians, OB-GYN Physicians and Nurse Practitioners) Office Visits/ X-Ray/ Injections (Including Birth Control)/ Diagnostic Medical Procedures/ Medical Supplies	\$45 Co-Pay, 100%, Waive Deductible	60%
<b>Specialists</b> (Physicians other than those listed as Primary Care Physicians) Office Visits / X-Ray/ Injections (Including Birth Control) / Diagnostic Medical Procedures/ Medical Supplies	\$70 Co-Pay, 100%, Waive Deductible	60%
Laboratory	100%, Waive Deductible	60%
Bone Scans, CT Scans, SPECT & PET Scans, MRI's, Myelograms, Cardiovascular Stress Tests and Carotid Ultrasounds; and Endoscopic Procedures	75%	60%
Office Surgery and Related Expenses	75%	60%
Allergy Treatment including Testing, Injection & Serum	50%, Waive Deductible	35%
<b>Care Today Clinics</b>	\$20 Co-Pay, 100%	
<b>Family Medicine Center</b>		
CareXpress Urgent Care, Amarillo* CareXpress Urgent Care, Canyon* Family Medicine Center of Canyon (Monday-Friday 8am-5pm) Living Well ExpressCare*	\$20 Co-Pay, 100%, Waive Deductible	
<b>* The \$20 Co-Pay will not apply to Sunday hours or between the hours of 8 p.m. to 8 a.m. at CareXpress Urgent Care in Canyon. Regular benefits will apply during these times.</b>		
<b>Faith Medical Clinic</b>	\$20 Co-Pay, 100%, Waive Deductible	

**RANDALL COUNTY BASIC SCHEDULE OF BENEFITS (Cont'd)**

<b>Major Medical Expense Benefit</b>	<b>PPO</b>	<b>*Non-PPO</b>
<b>Other Miscellaneous Physician Services</b>	75%	60%
<b>Preventive Care</b> Grade A & B (Based on U.S. Preventive Services Task Force)	100%, Waive Deductible	60%
All Other Services Care Today Clinics/ CareXpress Urgent Care, Amarillo/ CareXpress Urgent Care, Canyon/ Family Medicine Center of Canyon/ Living Well Express Care, Faith Medical Center	100%, Waive Co-Pay/ Waive Deductible	N/A
Physician's Visit	100%, Waive Deductible	Not Covered
Other Outpatient Facilities	100%, Waive Deductible	Not Covered
Plan Year Maximum		\$500
Charges in excess of the Plan Year Maximum	75%	Not Covered
<b>Contact Lens Exams are not included in Routine Eye Exams</b>		
<b>Mammogram, Pap, Prostate Benefit</b> (Any Diagnosis)	100%, Waive Deductible	60%
<b>Colonoscopy</b> (Any Diagnosis)	100%, Waive Deductible	60%
<b>Chiropractic Care</b>	\$45 Co-Pay, 100%, Waive Deductible	60%
Plan Year Maximum		\$1,500
<b>Outpatient Laboratory</b> (Including Hospital Charges)	100%, Waive Deductible	60%
<b>Outpatient Radiology</b> (Including Hospital Charges)	75%	60%
<b>Emergency Services</b>		
Emergency Room Facility (Co-Pay waived if Admitted)	\$110 Co-Pay, 75%	\$110 Co-Pay, 60%
Emergency Room Physicians	75%	60%
<b>Ambulance Services</b>		75%
Covered Expenses will be considered PPO and will accumulate towards PPO Deductible and Out of Pocket Maximum amounts.		
<b>Hospital Services</b>	75%	60%
Non Pre-Certified IP Hospital Penalty Deductible (Includes Inpatient, Residential Treatment, Partial Hospital and/or Intensive Outpatient Treatment)		\$500
Hospital Room & Board Limitation Intensive Care Unit		Average Semi-Private or Average Private Average Intensive Care
Inpatient and Outpatient charges for emergency room, radiology, anesthesiology and pathology services rendered by a Non-PPO Physician will be paid the same as Covered Expenses for a PPO Physician if such services are performed at a PPO facility.		
<b>Outpatient Rehabilitation</b>	75%	60%
<b>Occupational Therapy</b>	75%	60%
Plan Year Maximum		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
<b>Speech Therapy</b>	75%	60%
Plan Year Maximum		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
<b>Physical Therapy</b>	75%	60%
Daily Benefit Maximum per condition		Five (5) modalities, procedures, units
Maximum Number of Treatments Per Condition		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		

**RANDALL COUNTY – BASIC SCHEDULE OF BENEFITS (Cont'd)**

<b>Major Medical Expenses Benefit</b>	<b>PPO</b>	<b>*NON-PPO</b>
<b>Chemotherapy, Radiation Therapy &amp; Dialysis</b>	75%	60%
<b>Extended Care Services</b>		
Home Health Care Plan Year Maximum	75%	60%
	30 Visits	
Skilled Nursing Facility Plan Year Maximum	75%	60%
	30 Days	
Outpatient Private Duty Nursing Plan Year Maximum	75%	60%
	12 Visits	
Hospice Services / Bereavement Counseling	75%	60%
<b>Routine Nursery Care / Newborn Care</b>	75%	60%
<b>Mental Health Disorders/ Substance Use Disorders/ Serious Mental Illness</b>	Paid as for Illness or Injury. Refer to applicable Major Medical Expense Benefit section in this Schedule of Benefits.	
<b>Second Surgical Opinion</b>		
Primary Care Physician	\$45 Co-Pay, 100%, Waive Deductible	60%
Specialist	\$70 Co-Pay, 100%, Waive Deductible	60%
<b>Prosthetic/Orthotic Appliances</b>	75%	60%
<b>Durable Medical Equipment</b>	75%	60%
<b>Medical Supplies</b>	75%	60%
<b>Diabetic Education</b>	75%	60%
<b>Bariatric Surgery</b>	50%	Not Covered
Bariatric Surgery is limited to one (1) surgery every ten (10) years.		
<b>Transplant for Human Organs</b>	75%	60%
This benefit is for transplant expenses not covered by the Supplemental Transplant Policy.		
<b>Plan Year Benefit Maximum</b>	Unlimited	
<b>Prescription Drug Benefit</b>	Please contact your Pharmacy Benefit Manager for details regarding these Benefits.	

- \* PPO Benefits will apply for:
  1. Procedures that cannot be performed by a PPO Provider.
  2. Hospital Admission or treatment in a Non-PPO Facility or by a Non-PPO Provider due to an Emergency.
- \* Non-PPO charges will be reimbursed by the Plan based on Usual & Customary.

Note: Human Organ and Tissue Transplant benefits are covered through a separate Supplemental Transplant Policy. Please refer to the appropriate section in the Plan Document.

**NOTE: THE OFFICE CO-PAY HAS A POTENTIAL TO BE LOWERED BASED ON RANDALL COUNTY'S WELLNESS BENEFIT.**

Benefits are subject to all other Plan exclusions, limitations and provisions and the applicable benefit maximums set forth in this Plan. Please review the Plan carefully to determine benefits available.