

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

Effective Date: October 1, 2018

The following is a summary of the benefits, subject to co-payments, deductibles, percentages and limitations, provided to you and any covered dependents. Please note the Plan Year Deductibles are always applicable unless the schedule states they are waived. PLEASE REFER TO THE LIMITATIONS AND EXCLUSIONS FOR ADDITIONAL EXPLANATIONS.		
Major Medical Expense Benefit	PPO	*Non-PPO
Plan Year Deductible		
Individual	\$1,000	\$10,000
Family	\$3,000	\$20,000
Percentage Payable (AFTER DEDUCTIBLE OR CO-PAYMENT UNLESS OTHERWISE STATED BELOW)	75%	60%
Out of Pocket Maximum (EXCLUDING ANY APPLICABLE DEDUCTIBLES, PRESCRIPTION CHARGES AND CO-PAYMENTS)		
Individual	\$3,000	Unlimited
Family	\$6,000	Unlimited
Affordable Care Act mandated maximums		
Individual	\$6,350	N/A
Family	\$12,700	N/A
	Including any applicable Deductibles, Prescription Charges and Co-Payments	
PPO and Non-PPO Deductible and Out of Pocket maximums will be considered integrated.		
Physician Services (In Office)		
Primary Care Physician (Family Practice, General Practice, Internal Medicine, Pediatricians, OB-GYN Physicians and Nurse Practitioners, Mental Health Providers) Office Visits/ X-Ray/ Injections (Including Birth Control)/ Diagnostic Medical Procedures/ Medical Supplies	\$45 Co-Pay, 100%, Waive Deductible	60%, Deductible applies
Specialists (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%, Deductible applies
Laboratory	100%, Waive Deductible	60%, Deductible applies
Bone Scans, CT Scans, SPECT & PET Scans, MRI's, Myelograms, Cardiovascular Stress Tests and Carotid Ultrasounds; and Endoscopic Procedures	75%, Deductible applies	60%, Deductible applies
Office Surgery and Related Expenses	75%, Deductible applies	60%, Deductible applies
Allergy Treatment including Testing, Injection & Serum	50%, Waive Deductible	35%, Deductible applies
Care Today Clinics	\$20 Co-Pay, 100%, Waive Deductible	
Faith Medical Clinic	\$20 Co-Pay, 100%, Waive Deductible	
Teladoc (www.teladoc.com)	100%, Waive Deductible	
Other Miscellaneous Physician Services	75%, Deductible applies	60%, Deductible applies

RANDALL COUNTY BASIC SCHEDULE OF BENEFITS (Cont'd)

Major Medical Expense Benefit	PPO	*Non-PPO
Preventive Care Grade A & B (Based on U.S. Preventive Services Task Force)	100%, Waive Deductible	60%, Deductible applies
All Other Services		
Care Today Clinics/ Faith Medical Clinic	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%, Deductible applies	Not Covered
Contact Lens Exams are not included in Routine Eye Exams.		
Mammogram, Pap, Prostate Benefit (Any Diagnosis)	100%, Waive Deductible	60%, Deductible applies
Colonoscopy (Any Diagnosis)	100%, Waive Deductible	60%, Deductible applies
Chiropractic Care	\$45 Co-Pay, 100%, Waive Deductible	60%, Deductible applies
Plan Year Maximum		\$1,500
Outpatient Laboratory (Including Hospital Charges)	100%, Waive Deductible	60%, Deductible applies
Outpatient Radiology (Including Hospital Charges)	75%, Deductible applies	60%, Deductible applies
Emergency Services		
Emergency Room Facility (Co-Pay waived if Admitted)	\$110 Co-Pay, 75%, Deductible applies	\$110 Co-Pay, 60%, Deductible applies
Emergency Room Physicians	75%	60%, Deductible applies
Ambulance Services	75%, Deductible applies	
Covered Expenses will be considered PPO and will accumulate towards PPO Deductible and Out of Pocket Maximum amounts.		
Hospital Services	75%, Deductible applies	60%, Deductible applies
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, pathology and hospitalist 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.		
Outpatient Rehabilitation	75%, Deductible applies	60%, Deductible applies
Occupational Therapy	75%, Deductible applies	60%, Deductible applies
Plan Year Maximum		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
Speech Therapy	75%, Deductible applies	60%, Deductible applies
Plan Year Maximum		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
Physical Therapy	75%, Deductible applies	60%, Deductible applies
Daily Benefit Maximum per condition		Five (5) modalities, procedures, units
Maximum Number of Treatments Per Condition		24 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)

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