

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

Effective Date: October 1, 2017

The following is a summary of the benefits, subject to 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	\$3,000	\$10,000
Family	\$6,000	\$20,000
Percentage Payable (AFTER DEDUCTIBLE UNLESS OTHERWISE STATED BELOW)	100%	60%
Out of Pocket Maximum (EXCLUDING ANY APPLICABLE DEDUCTIBLES)		
Individual	N/A	Unlimited
Family	N/A	Unlimited
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)		
Office Visits/ X-Ray/ Injections (Including Birth Control)/ Diagnostic Medical Procedures/ Medical Supplies	100%	60%
Specialists (Physicians other than those listed as Primary Care Physicians)		
Office Visits / X-Ray/ Injections (Including Birth Control) / Diagnostic Medical Procedures/ Medical Supplies	100%	60%
Laboratory	100%	60%
Bone Scans, CT Scans, SPECT & PET Scans, MRI's, Myelograms, Cardiovascular Stress Tests and Carotid Ultrasounds; and Endoscopic Procedures	100%	60%
Office Surgery and Related Expenses	100%	60%
Allergy Treatment including Testing, Injection & Serum	100%	60%
Care Today Clinics	100%	
Family Medicine Center		
CareXpress Urgent Care, Amarillo*		
CareXpress Urgent Care, Canyon*		
Family Medicine Center of Canyon (Monday-Friday 8 a.m. – 5 p.m.)	100%	
Living Well ExpressCare*		
Faith Medical Center	100%	
Other Miscellaneous Physician Services	100%	60%

RANDALL COUNTY – HSA SCHEDULE OF BENEFITS (Cont'd)

Major Medical Expenses Benefit	PPO	*NON-PPO
Preventive Care 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 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	100%	Not Covered
Contact Lens Exams are not included in Routine Eye Exams		
Mammogram, Pap, Prostate Benefit (Any Diagnosis)	100%	60%
Colonoscopy (Any Diagnosis)	100%	60%
Chiropractic Care Plan Year Maximum	100%	60%
		\$1,500
Outpatient Laboratory (Including Hospital Charges)	100%	60%
Outpatient Radiology (Including Hospital Charges)	100%	60%
Emergency Services Emergency Room Facility	100%	60%
Emergency Room Physicians	100%	60%
Ambulance Services		100%
Covered Expenses will be considered PPO and will accumulate towards PPO Deductible and Out of Pocket Maximum amounts.		
Hospital Services Non Pre-Certified IP Hospital Penalty Deductible (Includes Inpatient, Residential Treatment, Partial Hospital and/or Intensive Outpatient Treatment)	100%	60%
Hospital Room & Board Limitation		\$500
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.		
Outpatient Rehabilitation	100%	60%
Occupational Therapy Plan Year Maximum	100%	60%
		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
Speech Therapy Plan Year Maximum	100%	60%
		12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
Physical Therapy Daily Benefit Maximum per condition	100%	60%
Maximum Number of Treatments Per Condition		Three (3) modalities, procedures, units 12 Visits
The Maximum Number of Treatments is waived for any additional treatments that are due to medical necessity.		
Chemotherapy, Radiation Therapy & Dialysis	100%	60%

RANDALL COUNTY – HSA SCHEDULE OF BENEFITS (Cont'd)

Major Medical Expense Benefit	PPO	*Non-PPO
Extended Care Services		
Home Health Care	100%	60%
Plan Year Maximum	30 Visits	
Skilled Nursing Facility	100%	60%
Plan Year Maximum	30 Days	
Outpatient Private Duty Nursing	100%	60%
Plan Year Maximum	12 Visits	
Hospice Services / Bereavement Counseling	100%	60%
Routine Nursery Care / Newborn Care	100%	60%
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	100%	60%
Specialist	100%	60%
Prosthetic/Orthotic Appliances	100%	60%
Durable Medical Equipment	100%	60%
Medical Supplies	100%	60%
Diabetic Education	100%	60%
Bariatric Surgery	50%	Not Covered
Bariatric Surgery is limited to one (1) surgery every ten (10) years.		
Transplant for Human Organs	100%	60%
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.

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.