

RANDALL COUNTY
HSA PLAN - SCHEDULE OF BENEFITS

Effective Date: October 1, 2018

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, Mental Health Providers) Office Visits/ X-Ray/ Injections (Including Birth Control)/ Diagnostic Medical Procedures/ Medical Supplies	100%, Deductible applies	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	100%, Deductible applies	60%, Deductible applies
Laboratory	100%, Deductible applies	60%, Deductible applies
Bone Scans, CT Scans, SPECT & PET Scans, MRI's, Myelograms, Cardiovascular Stress Tests and Carotid Ultrasounds; and Endoscopic Procedures	100%, Deductible applies	60%, Deductible applies
Office Surgery and Related Expenses	100%, Deductible applies	60%, Deductible applies
Allergy Treatment including Testing, Injection & Serum	100%, Deductible applies	60%, Deductible applies
Care Today Clinics	100%, Deductible applies	
Faith Medical Clinic	100%, Deductible applies	
Other Miscellaneous Physician Services	100%, Deductible applies	60%, Deductible applies
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 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%, Deductible applies	Not Covered
Contact Lens Exams are not included in Routine Eye Exams.		
Mammogram, Pap, Prostate Benefit (Any Diagnosis)	100%, Deductible applies	60%, Deductible applies
Colonoscopy (Any Diagnosis)	100%, Deductible applies	60%, Deductible applies

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

Major Medical Expenses Benefit	PPO	*NON-PPO
Chiropractic Care	100%, Deductible applies	60%, Deductible applies
Plan Year Maximum	\$1,500	
Outpatient Laboratory (Including Hospital Charges)	100%, Deductible applies	60%, Deductible applies
Outpatient Radiology (Including Hospital Charges)	100%, Deductible applies	60%, Deductible applies
Emergency Services		
Emergency Room Facility	100%, Deductible applies	60%, Deductible applies
Emergency Room Physicians	100%, Deductible applies	60%, Deductible applies
Ambulance Services	100%, Deductible applies	
Covered Expenses will be considered PPO and will accumulate towards PPO Deductible and Out of Pocket Maximum amounts.		
Hospital Services	100%, 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	100%, Deductible applies	60%, Deductible applies
Occupational Therapy	100%, 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	100%, 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	100%, Deductible applies	60%, Deductible applies
Daily Benefit Maximum per condition	Three (3) 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.		
Chemotherapy, Radiation Therapy & Dialysis	100%, Deductible applies	60%, Deductible applies
Extended Care Services		
Home Health Care	100%, Deductible applies	60%, Deductible applies
Plan Year Maximum	30 Visits	
Skilled Nursing Facility	100%, Deductible applies	60%, Deductible applies
Plan Year Maximum	30 Days	
Outpatient Private Duty Nursing	100%, Deductible applies	60%, Deductible applies
Plan Year Maximum	12 Visits	
Hospice Services / Bereavement Counseling	100%, Deductible applies	60%, Deductible applies

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

Major Medical Expense Benefit	PPO	*Non-PPO
Routine Nursery Care / Newborn Care	100%, Deductible applies	60%, Deductible applies
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 Specialist	100%, Deductible applies 100%, Deductible applies	60%, Deductible applies 60%, Deductible applies
Prosthetic/Orthotic Appliances	100%, Deductible applies	60%, Deductible applies
Durable Medical Equipment	100%, Deductible applies	60%, Deductible applies
Medical Supplies	100%, Deductible applies	60%, Deductible applies
Diabetic Education	100%, 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	100%, 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.

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.