

Plan Design For: CITY OF CHARLESTON
Plan Name: HDHP with H.S.A. -Aggregate Deductible
Effective Date: 1/1/2020

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

Benefits	In-Network	Out-of-Network
Medical & Surgical Benefits		
Deductible (Aggregate*)	\$1,500 Individual / \$3,000 Family	\$4,000 Individual / \$8,000 Family
Co-Insurance Shown as percentages below	\$2,500 Individual / \$4,500 Family	\$5,000 Individual / \$10,000 Family
Maximum Out of Pocket (Embedded**) (includes deductible and coinsurance)	\$5,000 Individual / \$8,500 Family Includes deductible and co-insurance	Unlimited
Physician Services	Deductible, 80%	Deductible, 50%
Blue CareOnDemand – Telehealth	Deductible, 80%	N/A
Wellness Benefits – <i>based on the Health Care Reform Guidelines refer to www.healthcare.gov</i>	100%	Deductible, 50%
Mammograms	100%	
Pap Smear/Prostate Screening	100%	
Inpatient Facility Charges	Deductible, 80%	Deductible, 50%
Skilled Nursing Facility Charges (60 days per year)	Deductible, 80%	Deductible, 50%
Outpatient Facility Charges	Deductible, 80%	Deductible, 50%
Chiropractic Benefits (\$1,000 Annual Maximum)	Deductible, 80%	Deductible, 50%
Impacted Tooth Removal	Deductible, 80%	Deductible, 80%
TMJ	Deductible, 80%	Deductible, 50%
Other Services Home Health Hospice Speech Therapy (20 visits) Physical / Occupational Therapy (30 combined visits)	Deductible, 80%	Deductible, 50%
Ambulance	Deductible, 80%	In-Network Deductible, 80%
Emergency Room Facility Charges *	Deductible, 80%	Deductible, 50%
Emergency Room Professional Charges *	Deductible, 80%	Deductible, 50%
<small>* Out-of-Network True Emergency Facility and Professional charges are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.</small>		
Mental Health & Substance Abuse Benefits		
Inpatient Facility Charges	Deductible, 80%	Deductible, 50%
Inpatient Professional Charges	Deductible, 80%	Deductible, 50%
Outpatient Facility Charges	Deductible, 80%	Deductible, 50%
Outpatient Professional Charges	Deductible, 80%	Deductible, 50%
Emergency Room Facility Charges	Deductible, 80%	Deductible, 50%
Emergency Room Professional Charges	Deductible, 80%	In-network Deductible, 50%
Physician Services in the Office	Deductible, 80%	Deductible, 50%
Pharmacy Benefits		
Prescriptions		
RETAIL PHARMACY (31 day supply)	After Deductible, Member Pays	
Generic Drug	\$5 Copay	50%
Preferred Drug	\$35 Copay	
Non Preferred Drug	\$55 Copay	
MAIL ORDER PHARMACY (90 day supply)	After Deductible, Member Pays	
Generic Drug	\$10 Copay	N/A
Preferred Drug	\$70 Copay	
Non Preferred Drug	\$110 Copay	
Specialty Drug – BriovaRx Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	BriovaRx Specialty Pharmacy Only After Deductible, Member Pays \$100 Copay per 31 day supply	
Benefit Maximums		
Annual/Lifetime Maximum	Unlimited	

* **Aggregate Deductible:** For any coverage tier other than self only, the entire family deductible must be met before the plan begins to pay benefits for any family member. Any combination of individuals covered under a family/dependent policy can meet the family deductible.

****Embedded Out of Pocket:** No family member will exceed the individual out of pocket limit in a benefit year.

Important Numbers

Customer Service: 1-800-760-9290 (Medical) / 1-855-811-2218 (Prescription Drugs)

Pre-Authorization: 1-800-327-3238

Pre-Authorization for MRI, MRA, PET, CAT scans: 1-866-500-7664

Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

SERVICES AND SUPPLIES THAT ARE NOT PAID FOR

Some services or supplies you receive may not be covered under this health coverage, including but not limited to:

- Services and supplies that are not medically necessary.
- Custodial care. This is care meant simply to help people who cannot take care of themselves.
- Cosmetic or re-constructive procedures.
- Treatment or tests as an inpatient that could have been done safely as an outpatient.
- Investigational or experimental services.
- Treatment resulting from acts of war or military service.
- Services you are not charged for in VA hospitals or other kinds of hospitals or agencies.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. A member of the patient's family means spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Services or supplies you received before you had coverage under this group contract or after you no longer have this coverage.
- Luxury or convenience items whether or not recommended by a physician.
- Services or supplies payable by Medicare, workers compensation or any other government or private program.
- Private duty services by sitters or companions; private duty services by RNs and LPNs unless these services are part of an approved home health or hospice program.
- Reversals of tubal ligations or vasectomies.
- Prescription drugs bought at a doctor's office, skilled nursing home, hospital or any other place that is not a pharmacy licensed to dispense drugs in the state where it is operated.
- Services, supplies or charges incurred for in vitro fertilization or artificial insemination.
- Services or supplies received as the result of any intentionally self-inflicted injury whether the patient was sane or insane at the time of injury.
- Any service or treatment for complications resulting from any non-covered procedures.
- Any service or supply rendered to a member for the diagnosis or treatment to change gender or to improve or restore sexual function.
- Any service or supply the member is not legally obligated to pay.
- Any medical social services, occupational, visual, speech, recreational, behavioral, educational or play therapy or bio-feedback, except when part of a pre-authorized home health plan or hospice care program.
- Services and supplies received for the treatment of any work related accident or illness.
- Services, supplies or treatment for varicose veins.

SERVICES AND SUPPLIES REQUIRING PREAUTHORIZATION

For Pre-Authorization: Call 1-800-327-3238 for the following Services:

- All inpatient hospital or skilled nursing facility admissions and in-patient psychiatric
- Home health care, hospice care or inpatient physical rehabilitation
- Inpatient/Outpatient psychiatric care, outpatient procedures for Chemotherapy or Radiation Therapy (one time notification), Hysterectomy, Septoplasty, all Cosmetic procedures, Investigational procedures performed in outpatient or office setting, all inpatient hospital or skilled nursing facility admissions, home health care, hospice care or inpatient physical rehabilitation, any services performed by a licensed doctoral psychologist.
- Benefits will be reduced or declined if required pre- authorizations are not obtained.
- To receive pre-authorization for the following procedures: computed tomography (CT), computerized axial tomography (CAT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) or positron emission tomography (PET) scans.
- Call 1-866-500-7664
- Mental Health and Substance Abuse Services must be Pre-Authorized by CBA prior to services being rendered.
Call 1-800-868-1032

NOTICE OF OUR PRIVACY POLICIES AND PRACTICES

This Notice has been prepared to inform you of our practices related to information we collect about you. When necessary to provide our products and services to you, we may disclose any of the information we collect, as described below, (a) to companies that provide services on our behalf and (b) to affiliated and nonaffiliated third parties (such as health care providers who furnish treatment to you or other insurers to coordinate benefits). Otherwise, we do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

If you are a plan sponsor or group policyholder, this Privacy Notice describes our practices for safeguarding nonpublic personal financial information that we collect about participants and beneficiaries of your employee benefit plan(s).

Information we collect and maintain: We collect information about you from the following sources:

- Information we receive from you on applications or on other forms
- Information we obtain from your transactions with us, our affiliates, or others
- Information we receive from consumer-reporting agencies

How we protect information: We restrict access to nonpublic personal information about you to our employees who need to know the information to provide our products and services to you and as permitted by law. We maintain physical, electronic and procedural safeguards that comply with applicable legal requirements to guard your nonpublic personal financial information. We have installed usernames, passwords and other safety features on our Web applications to help ensure that the information about you that we collect and maintain remains safe and secure.

Changes to this Notice: We may amend our privacy policies and practices at any time, and we will inform you of any material changes as required by law.

**YOU DO NOT NEED TO DO ANYTHING IN RESPONSE TO THIS NOTICE.
THIS NOTICE IS MERELY TO INFORM YOU ABOUT OUR
PRIVACY POLICIES AND PRACTICES**

(06/2018)

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800- 537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

تامولعمالو ددعاسملا لىءل واصلما لى فقلحا كيدلف، هذه ءحصلا ءطخ صوصخب ءلئسأ ددعاست صخش لى دل وء كيدل ناك نإ
ب لصتا مءرتم عم ءدحتلا. ءفلكت ءميا نود نم كءءلب ءميرور ضلا
1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprete, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

یہ تشاہدہ برنامہ ہی نیوا یرہاب در ی تلاءؤس دینک یم کمک او یرہب ہک یدرف ای ہامش رگا
ناگیرا روط ہب را دوخ نابز ہب تاعلاطا و کمک ہک دیدار را نیوا قح ، ہدیشاب ہتشد ا
یرہامش اب فطک ، مچرتم اب دنرک تبحص یرہب . دینک تفایدر 1-844-398-6233 لصاحر سہامت
(Persian-Farsi) . نمایید .