

PPO Network:

Aetna Signature Administrators Network

To verify provider participation, go to www.aetna.com/asa.

Claims Administrator:

Boon-Chapman Benefit Administrators, Inc.

To check benefits or claims status, go to www.boonchapman.com

BENEFIT MAXIMUMS

Amounts credited towards individual benefit maximums are also credited towards the Overall Annual Maximum Benefit. Once the Overall Annual Maximum Benefit is exhausted, no additional benefits are available under the Plan for the remainder of the Calendar Year. Once a Maximum Benefit for a specified service is exhausted, no additional benefits for that service are available for the remainder of the time period specified. The Maximum Benefits specified below are per Covered Person.

Overall Annual Maximum Benefit	UNLIMITED Total medical benefits paid by the Plan on behalf of each Covered Person in a Calendar Year will not exceed the Overall Annual Maximum Benefit.
Chiropractic Care	25 visits per Calendar Year
Home Health Care	100 visits per Calendar Year
Mental/Nervous Disorders & Substance Abuse, Combined	60 inpatient days per Calendar Year 50 outpatient days per Calendar Year These Maximums do not apply to "Serious Mental Illness".
Morbid Obesity	One (1) per Lifetime
Sleep Disorders	\$5,000 Lifetime Maximum Benefit, then \$250 Renewable Calendar Year Benefit Maximum

CALENDAR YEAR DEDUCTIBLES

Except as specified otherwise, Covered Expenses are subject to a Calendar Year Deductible that must be met before benefits are payable. The Individual Deductible is satisfied once a Covered Person has paid the Individual Deductible amount. The Family Deductible is satisfied once amounts credited towards the Individual Deductibles of a family total the Family Deductible amount. Once the Family Deductible is satisfied, all Individual Deductibles for that family are considered to be satisfied for the remainder of that Calendar Year.

Amounts applied to the Network and Non-Network Deductibles shown below will apply towards each other. This means amounts incurred with Network providers are credited toward both the Network and Non-Network Deductibles, as well as, the amounts incurred with Non-Network providers are credited toward both the Network and Non-Network Deductibles.

Deductible Amounts	Network Providers	Non-Network Providers
• Individual	\$600	\$1,200
• Family with 2 Members	\$750	\$1,400
• Family with 3 or more Members	\$850	\$1,400

CALENDAR YEAR OUT-OF-POCKET MAXIMUMS

Most Covered Expenses are paid by the Plan at less than one hundred percent. The Covered Person must pay the remaining percentage of the expense, known as "co-insurance". Except as specified below, co-insurances paid by a Covered Person are credited towards that person's Out-of-Pocket Maximum. The Individual Out-of-Pocket Maximum is satisfied once a Covered Person has paid the Individual Out-of-Pocket Maximum amount.

Amounts applied to the Network and Non-Network Out-of-Pocket Maximums shown below will apply towards each other. This means amounts incurred with Network providers are credited toward both the Network and Non-Network Out-of-Pocket Maximums, as well as, the amounts incurred with Non-Network providers are credited toward both the Network and Non-Network Out-of-Pocket Maximums.

Once an Out-of-Pocket Maximum has been satisfied, all remaining Covered Expenses for that Covered Person incurred during that same Calendar Year will be payable by the Plan at one hundred percent, except as specified below. There is no Family Out-of-Pocket Maximum.

If a Covered Person (including an Employee) has coverage under another group health plan, then no Out-of-Pocket Maximum shall apply under this Plan.

Coinurance Maximums	Network Providers	Non-Network Providers
• Individual	\$3,000	\$8,000
Expenses Not Credited Toward this Maximum	<ul style="list-style-type: none"> • Deductibles • Co-Pays • Penalties for failure to comply with the Utilization Management Program, including any portion of a hospital stay that is not certified by the Utilization Management Program as being Medically Necessary • Non-Covered Expenses • Expenses in excess of any Maximum Benefit • Expenses processed under the Prescription Drug Program • Expenses paid at a Benefit Percentage of 100% • Mental/Nervous Disorders expenses 	

Under the Patient Protection and Affordable Care Act (PPACA), this Plan is a grandfathered health plan.

ELIGIBLE MEDICAL EXPENSES

This schedule shows the percentage payable by the Plan for a Covered Expense after any Deductible, if applicable, has been satisfied. All payable benefits are subject to the Plan's maximum allowable charges, as defined by the Plan.

PLAN PAYS:	Network Providers	Non-Network Providers
Ambulance	80% after Deductible	80% after Deductible
Chiropractic Care – Calendar Year Maximum = 25 Visits	50% after Deductible	50% after Deductible
Diabetic Supplies Through Edgepark Medical Supplies	100%, Deductible waived	100%, Deductible waived
Lab Services through LabCard by Quest	100%, Deductible waived	100%, Deductible waived
Diagnostic Lab & X-Ray – Independent Facility	80% after Deductible	50% after Deductible
Extended Care Facility	80% after Deductible	50% after Deductible
Home Health Care – Calendar Year Maximum = 100 visits	80% after Deductible	50% after Deductible
Hospice Care	80% after Deductible	50% after Deductible
Hospital Services		
Inpatient Care	80% after Deductible	50% after Deductible
Outpatient Services, Including Emergency Room	80% after Deductible	50% after Deductible
Medical Tourism with Care Navigation Through Prime Dx the Care Navigation program provides members access to cash-like prices as state of the art surgery centers at no out of pocket costs to the member.		
Surgical Services	100%, No Deductible	Covered Services include all medical costs incurred while receiving treatment or services at an Approved Surgery Center. Pre-certification is required.
Travel Benefit (When Applicable)	Up to \$1,000 per surgery	Pre-approval of all Travel Benefits is required. Includes transportation (from home to surgery center), lodging and incidental expenses.
High Tech Radiology performed at US Imaging	100%, No Deductible	Pre-certification required
Virtual Physical Therapy	100%, No Deductible	Pre-certification required
Mental/Nervous Disorders and Substance Abuse, Combined The maximums given in this section do not apply to "Serious Mental Illness", which is payable as any other illness. Please see Eligible Medical Expenses for more details.		
Inpatient – Calendar Year Maximum = 60 days	80% after Deductible	50% after Deductible
Outpatient – Calendar Year Maximum = 50 visits	100% up to \$80/visit after a \$25 Co-pay, Deductible waived; then 80% after Deductible	50% after Deductible
Physician Services		
Telemedicine Visit Speak to a licensed doctor through Teladoc 24/7/365	\$0 Co-pay	N/A
Office Visits/Injections The co-pay applies even if additional co-pays are applied for same-day services.	100% up to \$100/visit after a \$25 Co-pay, Deductible waived; then 80% after Deductible	50% after Deductible
Lab Work – Physician's Office The co-pay applies even if additional co-pays are taken for same-day services.	100% up to \$50/visit after a \$25 Co-pay, Deductible waived; then 80% after Deductible	50% after Deductible
X-Rays – Physician's Office The co-pay applies even if additional co-pays are taken for same-day services.	100% up to \$50/visit after a \$25 Co-pay, Deductible waived; then 80% after Deductible	50% after Deductible
Pregnancy Expenses: Preauthorization within the 1 st seven months		
Maternity Expenses	80% after Deductible	50% after Deductible
Newborn Expenses (includes circumcision if performed within the first 4 days)	80% after Deductible	50% after Deductible
Preventive Care Calendar Year Maximum = \$1,500 Includes all charges related to preventive/wellness care, including immunizations and an annual vision exam.	100%, Deductible waived up to the Calendar Year Maximum; then 80% after the Deductible	100%, Deductible waived up to the Calendar Year Maximum; then 80% after the Deductible
Second and Third Surgical Opinions	100%, Deductible waived	100%, Deductible waived
Sleeping Disorders Lifetime Maximum = \$5,000 then	80% after Deductible	50% after Deductible

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\$250 Renewable Calendar Year Benefit Services must be preauthorized & must be performed in a Certified Sleep Lab.		
Urgent Care Facility	100% up to \$100/visit after a \$25 Co-pay, Deductible waived; then 80% after Deductible	50% after Deductible
All Other Covered Medical Expenses	80% after Deductible	50% after Deductible
Dialysis Carve-Out (Outpatient)	150% of MEC (See plan document for details.)	

PRESCRIPTION DRUG PROGRAM:		
The Plan pays 100% after the member pays the applicable copayments shown.		
	30-Day Supply	90-Day Supply
Generic	\$15	\$26
Formulary Brand	\$32	\$65
Non-Formulary Brand	\$52	\$104

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IMPORTANT FACTS ABOUT YOUR PLAN

- **Grandfathered Health Plan Status:** The County believes its Medical Plan is a “grandfathered health plan” (GFP) under the Patient Protection and Affordable Care Act (PPACA). Accordingly, a GFP can preserve certain basic health coverages already in effect as of the day the law was enacted. Being a GFP means our Plan may not include certain provisions of PPACA that may apply to other plans, such as the requirement of coverage with no cost sharing for specific preventive health services. However, GFPs must comply with other Provisions in the PPACA, such as the elimination of lifetime limits on the minimum essential benefits. Questions? Please call the County Treasurer’s Office at (432) 688-4880 or Boon-Chapman at (800) 252-9653. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.
- **Calendar Year Benefits:** Deductibles and annual maximums accumulate based on the date of service, from January 1 through December 31 of each year.
- **Newborns:** Regardless of other dependent participation, you **MUST** complete and return the proper enrollment/change form to the County’s Treasurer’s office within the first 31 days after the birth of a child. If enrollment is **NOT** made within this 31-day window, the child will not be eligible for the plan until the next annual enrollment period.

MEDICAL TOURISM WITH CARE NAVIGATION

BOON-CHAPMAN

- Participants have access to certain Out-of-Network Approved Surgery Centers offering transparent pricing to receive surgical treatments when a treating physician(s) recommends certain eligible, medically necessary treatment or services covered by this Plan and the participant elects to receive treatment or services at that facility. Participants are not required to access an Approved Surgery Center, however, the Plan encourages participants to consider all options available when planning for an upcoming surgical procedure.
- If covered services have been recommended, please contact your Boon Chapman Nurse Advocate at 833-864-4316 or nurseadvocate@boonchapman.com.

SURPRISE BILL SUPPORT

BOON-CHAPMAN

- This program assists members with egregious “balance billing” practices of out-of-network providers they had no choice in using, including emergency room physicians, ambulances, anesthesiologists, pathologists and radiologists. For questions, feel free to call Boon-Chapman at (800) 252-9653.

EMPLOYEE WELLNESS CENTER

PREMISE HEALTH

- At **no cost** to the patient, members enrolled in the County’s medical plan may access the medical care at the Midland County Employee Wellness Center located at 1403 W. Illinois.
- Generally, primary care/family practice services are provided at the Wellness Center. This includes preventive care such as Health Risk Assessments (HRA), annual physicals, sports physicals and Well Woman Exams, as well as acute care like colds, flu, and respiratory infections. Additionally, chronic conditions, like high blood pressure, high cholesterol, diabetes, and asthma can all be cared for and monitored by the Wellness Center staff. We offer flu shots and other limited adult immunizations as ordered by the Wellness Center providers.
- You may register and make your appointments by visiting mypremisehealth.com or by calling (432) 375-6017.

CLAIMS ADMINISTRATOR

BOON-CHAPMAN

- For claim status, benefit verification or other customer service questions, you may contact Boon-Chapman Benefit Administrators at (800) 252-9653 or via the Internet at www.boonchapman.com.
- The County’s group number with Boon-Chapman is Group 002259. All claims and correspondence should be mailed to Boon-Chapman, PO Box 9201, Austin, TX 78766 or by electronic payer ID 74238.



PPO NETWORK

AETNA ASA

- The PPO is the Aetna Signature Administrators (ASA) network. You may conduct a provider search by visiting their website at www.aetna.com/asa. In the middle of the first web page, simply click on the “Enter DocFind” button or you may call (800) 252-9653.
- Claims should **NOT** be mailed to Aetna. Instead, they are to be mailed to Boon-Chapman.



PRE-CERTIFICATION REQUIREMENTS

PRIME Dx

You or your healthcare provider must call PRIME Dx at (800) 477-4625 prior to a **scheduled non-emergency hospitalization**, immediately following an **emergency admission**, and before the end of first trimester of **pregnancy** to complete the pre-certification process. *Failure to pre-certify will result in a reduction in benefits.*

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PRESCRIPTION DRUG PROGRAM**EXPRESS SCRIPTS**

For questions about prescription coverage or the mail-order program, call Express Scripts at (877) 831-8114.

DIABETIC SUPPLIES

County members have 2 options for obtaining their diabetic supplies at *no cost* to the patient:

1. **Midland County Employee Wellness Center:** To make an appointment, please call (432) 375-6017.
2. **Edgepark Medical Supplies:** To enroll in this program, please call (877) 334-3727. NOTE: The benefit for this program is subject to all eligibility and coverage provisions as stated in the County's medical plan.

Benefits for Eligible Dental Care Expenses are provided based on the schedule presented below:

DEDUCTIBLES:	
Per Individual	\$50 per calendar year
Family Maximum	\$150 per calendar year
THE PLAN PAYS THE FOLLOWING PERCENTAGES FOR ELIGIBLE EXPENSES:	
Preventive Services	100% of eligible expenses incurred; the calendar year deductible does not apply.
Basic Services	80% of eligible expenses incurred, after the calendar year deductible is satisfied.
Major Restorative Services	50% of eligible expenses incurred, after the calendar year deductible is satisfied.
MAXIMUM PAYABLE BENEFIT	\$2,000 per person per calendar year
ORTHODONTIA BENEFITS	
Orthodontia Services (for all covered members)	50% of eligible expenses incurred, the calendar year deductible does not apply.
MAXIMUM PAYABLE BENEFIT	\$1,500 per person per lifetime
PRE-DETERMINATIONS	
It is recommended that you request a pre-determination of benefits for any dental work estimated as \$500 or greater.	

DentalGuard® Preferred ***Select Network***

Participants in the Midland County Dental Plan now have the option to use contracted provider through DentalGuard, through Guardian Life to extend your dental benefit dollars. While you are not required to use providers who participate in the network, using a contracted provider will help to limit your expenses under the plan. These dentists provide discounts on their services which allows you to stretch your benefits further.

To find a DentalGuard Preferred Select dentist, visit www.guardianlife.com