Prominence Health Plan

Summary of Benefits

Prominence HealthFirst
Large Group Health Plan

City of Carson HMO $1500 Rx - 15/40/60

Type of Service	Your Out-of-Pocket Expense
Calendar Year Deductible[1]	$1,500 3x family
Out-of-Pocket Maximum Deductibles, Coinsurance and Copayments accrue toward the out-of-pocket maximum.	$6,000 2x family
Physician Office Visits	
• Telemedicine services	$30 copay per visit
• Primary Care Practitioner (PCP)	$40 copayment per visit PCP
• Specialist - may require a referral from your PCP and prior authorization[2]	$60 copayment per visit Specialist
Alternative Medicine (Homeopathy, Acupuncture and Integrated Medicine) $1,500 maximum per calendar year. No authorization required for initial visit.	$40 copayment per visit PCP $60 copayment per visit Specialist
Ambulance Services	
• Ground	$200 per event
• Air	$200 per event
Diabetic Products	$15 Generic $40 Preferred $60 Non-Preferred
Durable Medical Equipment[3]	
• Rental	Deductible/ $50 copayment per item
• Items Approved for Purchase	Deductible/ $100 copayment per item
Emergency Care	
• Emergency Room - (The copayment is waived when the member is admitted as an inpatient directly from the emergency room.)	$150 copayment per visit
• Urgent care	$50 copayment per visit
Health and Wellness Services	
• Online Health Risk Assessment see www.prominencehealthplan.com for the Health Risk Assessment Tab	No charge
• Telephonic Health Coaching - 6 sessions per calendar year, per condition (Diabetes Management, Tobacco Cessation and Weight Management.)	No charge
Home Health Care - Maximum 30 visits per calendar year.	$40 copayment per visit
Hospice Care	$0 copayment
Hospital and Outpatient Services (*Copayment Includes surgeon, facility and anesthesia charges)	
• Inpatient*	Deductible/ $1,500 per admit
• Outpatient*	$500 copayment per admit
• Observation[4,*]	$500 copayment per observation
• Inpatient Skilled Nursing - Limited to 100 days per calendar year	Deductible/ $1,500 per admit
• Acute Rehabilitation - Limited to 60 days per calendar year	Deductible/ $1,500 per admit

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Infusion Therapy: Some infused drugs known as Special Pharmaceuticals will require a 20% coinsurance patient responsibility.	
Site of infused therapy[2]	
• Infusion performed and billed by a Practitioner's Office or an In-network, free-standing, outpatient facility.	$60 copayment per visit Specialist
• Infusion performed and billed by a hospital outpatient facility.	Deductible/ $250 copayment per visit
Kidney Dialysis Services - Covered to the extent not covered by Medicare.	$60 copayment per visit
Laboratory and Pathology Services	
• Laboratory	$0 copayment
• Pathology	$0 copayment
Maternity	
• Physician: Prenatal and Delivery - The $200 copayment applies to all obstetrician services associated with the birth.	$200 copayment per Pregnancy
• Delivery Room and Nursery Hospital Care for mother and baby.	Deductible/ $1,500 copayment per admit
Medical Nutrition Therapy Counseling	
• Limited to 25 visits per calender year	$40 copayment per visit
Mental Health Services (Includes Eating Disorders)	
Severe Mental Illness	
• Inpatient	Deductible/ $1,500 per admit
• Day Treatment Program	$500 copayment per admit
• Outpatient	$500 copayment per admit
• Outpatient Office Visit	$40 copayment per PCP
General Mental Health	
• Outpatient office visit	$40 copayment per PCP
Alcohol and Drug Abuse Services	
• Inpatient Withdrawal	Deductible/ $1,500 per admit
• Inpatient Rehabilitation	Deductible/ $1,500 per admit
• Outpatient Rehabilitation/Day Treatment	$500 copayment per admit
• Outpatient Office Visit	$40 copayment per PCP
Morbid Obesity	
• Bariatric Restrictive Surgery, limited to one procedure every three years; includes surgical complications.	Deductible/ $1,500 copayment per admit
Nutritional Supplements, Enteral Therapy and Parenteral Nutrition[3]	
• 120 day maximum for nutritional supplements	$20 copayment per 30-day supply
Organ Transplants	Deductible/ $1,500 copayment per admit
Orthotics - foot orthotics limited to one pair, per member, per calendar year	$50 copayment per item
Ostomy Supplies per 30-day supply	$40 copayment per item

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Prescription Drugs	
• FDA approved oral contraceptive drugs	No Charge
• Generic	$15 Generic
• Preferred Brand	$40 Preferred
• Non-Preferred Brand	$60 Non-Preferred
• Special Pharmaceuticals	20% Coinsurance
PharmacyPlus	
• PharmacyPlus Generic [6]	$10 copay
• PharmacyPlus Brand [6]	$35 copay
Preventive Services	
• Colorectal Cancer Screening - Colonoscopy, Sigmoidoscopy, or Fecal Occult Blood Test	No charge
• Healthy mom, Healthy Baby Program ™	No charge
• Healthy Decisions ™	No charge
• Mammograms - Baseline and annual	No charge
• Pap and pelvic exams	No charge
• Periodic health assessments for hearing and vision for ages 19 and under	No charge
• Prenatal wellness visits	No charge
• Prostate Screenings	No charge
• Well baby, well child visits, immunizations/vaccinations for children through age 17.	No charge
• Sterilization	No charge
Prosthetics and Orthotics	
• Dental/Oral Orthotic Appliance • TMJ and/or Sleep Apnea - Limited to one appliance, per member, per calendar year.	Deductible/ $100 copayment per item
Radiation Oncology Therapy	$60 copayment per visit
Radiology and Diagnostic Services[5]	
Routine X-ray and Routine Diagnostic Tests	
• Routine diagnostic and X-ray tests performed in an billed by a in-network, freestanding facility.	$50 copayment per visit
• Routine diagnostic and X-ray tests performed in an billed by a hospital outpatient facility.	Deductible/ $150 copayment per visit
CT SCAN and MRI	
• MRI and CT scans performed and billed by a in-network, free-standing, outpatient facility.	$100 copayment per visit
• MRI and CT scans performed and billed by a hospital outpatient facility	Deductible/ $250 copayment per visit
Complex Diagnostic Testing	
• Complex Diagnostic Testing performed and billed by an in-network, free-standing, outpatient facility.	$200 copayment per visit
• Complex Diagnostic esting performed and billed by a hospital outpatient facility.	Deductible/ $500 copayment per visit

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Spinal Manipulation	$60 copayment per visit Specialist
Temporomandibular Joint Disorder (TMJ) and Orthognathic Surgery	
• TMJ Surgery	Deductible/ $500 copayment per admit
• TMJ Non Surgical Outpatient	$60 copayment per visit
Therapies (Physical, Occupational and Autism)	
• Therapies - limited to 60 visits per condition per member per calendar year	$60 copayment per visit Specialist
• Autism Spectrum Disorders - limited to 200 visits per calendar year	$60 copayment per visit Specialist

This disclosure statement provides only a brief description of some important features and limitations of your policy. The Evidence of Coverage (EOC) sets forth in detail the rights and obligations of both you and the insurance company. It is important you review the EOC once you are enrolled.

Except for an emergency, all health care services must be coordinated and obtained by a Plan Practitioner/Provider, unless otherwise authorized.[2]

1. Deductible - a set amount of covered charges occurring each Calendar Year which must be paid by the Member before benefits are payable under this Plan. Deductibles are shown in the Summary of Benefits. Covered charges incurred each Calendar Year on or after October 1, for which benefits are not payable because the Deductible has not been met, will apply toward the next Calendar Year. Deductibles, coinsurance and copayments accrue toward the out-of-pocket maximum.
2. Prior Authorization means the process by which a Plan Practitioner/Provider must justify the need for delivering a Covered Service or medication to a Plan Member and obtain approval from the Plan before actually providing the service as a condition of reimbursement. Authorization does not guarantee payment; payment is dependent upon eligibility at the time Covered Services are received.
3. Durable Medical Equipment is covered when medically necessary, authorized by HealthFirst and in accordance with Medicare DME guidelines.
4. Ambulatory and day surgery services performed in Hospital or other facility.
5. Some invasive diagnostic procedures require an outpatient hospital copayment.
6. Members have the option to fill certain available prescriptions at PharmacyPlus locations for a discounted copay amount. For a complete list of PharmacyPlus locations, please refer to the provider directory. Provider directories can be found online at www.prominencehealthplan.com.

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Patient Protection and Affordable Care Act (PPACA) Mandatory Disclosures For HealthFirst documents that are Qualified Health Plans[1]

Choosing your Primary Care Provider

Prominence HealthFirst generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Prominence HealthFirst designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Prominence Member Services at (775) 770-9310 and (800) 863-7515.

Access to Pediatricians

For Children, you may designate a pediatrician as the primary care provider.

Access to OB/GYN Physicians

You do not need prior authorization from Prominence HealthFirst or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Prominence Member Services at (775) 770-9310 and (800) 863-7515.

Lifetime Limits

The Lifetime limit on the dollar value of benefits under Prominence HealthFirst plans no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals may request enrollment within 30 days of the groups renewal date.

Rescissions

Prominence HealthFirst will not rescind coverage once a member is enrolled unless the individual (or a person seeking coverage on behalf of the individual) performs an intentional act, practice or omission that constitutes fraud, or unless the individual makes an intentional material misrepresentation of fact, as prohibited by the terms of the Evidence of Coverage. Prominence HealthFirst will provide at least 30 days advance written notice to each participant who would be affected before coverage will be rescinded.

Emergency Services

Emergency Services at Prominence Health Plans are provided as follows:

a. Without prior authorization requirement;
b. Without regard to whether the provider of the services is in-network;
c. If the services are out-of-network, without any administrative requirements or coverage limitations that are more restrictive than those imposed on in-network services; and
d. Without regard to any other term or condition of the coverage other than (1) The exclusion of or coordination of benefits; (2) An affiliation or waiting period permitted under ERISA, the PHSA, or the Internal Revenue Code or (3) Applicable cost sharing.

1All "New" or Qualified Health Plans that are in existence beginning on or after September 23, 2010.