

SELF FUNDED PPO PLAN MEDICAL BENEFIT SUMMARY

CHOICE OF PPO OR NON-PPO PROVIDERS

Washoe County has contracted with a Preferred Provider Organization (PPO) of health care providers. When obtaining health care services, a Covered Person has a choice of using providers who are participating in the PPO network or any other Covered Providers of his/her/their choice (Non-PPO providers).

PPO Providers have agreed to provide services to Covered Persons at negotiated rates. When a Covered Person uses a PPO provider, his/her/their out-of-pocket costs may be reduced because he/she/they will not be billed for expenses in excess of those negotiated rates. The Plan may also include other benefit incentives to encourage Covered Persons to use PPO providers whenever possible. Non-PPO provider fees are subject to Usual and Customary (U&C) and the Non-PPO benefit level (deductible and coinsurance). A Covered Person's out-of-pocket costs will be greater when using a Non-PPO provider because they can balance bill for the amount in excess of their billed charges.

Your PPO Network is the United HealthCare Choice Plus Network. This PPO Network name and contact information is listed on your identification card and can be found at www.umar.com.

It is important to read the entire Plan Document. The Medical Benefit Summary section provides only the highlights of the Plan and should not be relied on to determine the extent to which a service or benefit is covered or excluded.

	PPO In-Network	Non-PPO Out-of-Network
LIFETIME MAXIMUM	Unlimited	
MEDICAL DEDUCTIBLE MAXIMUM – Calendar Year		
Individual Medical Deductible	\$ 375	\$1,000
Family Medical Deductible	\$ 750	\$2,000
MEDICAL & PRESCRIPTION OUT-OF-POCKET MAXIMUM Calendar Year		
Individual Out-of-Pocket	\$ 3,450	\$ 6,675
Family Out-of-Pocket	\$ 6,900	\$ 13,350

MEDICAL DEDUCTIBLE MAXIMUM

Individual Medical Deductible - The Individual Deductible (\$375) is an amount which a Covered Person must contribute toward payment of eligible medical expenses each Calendar Year.

Family Medical Deductible - If eligible medical expenses equal to the Family Maximum Deductible (\$750) are incurred collectively by family members during a Calendar Year and are applied towards the Individual Deductible, then the Family Maximum Deductible is satisfied. For purposes of satisfying the Family Deductible, a "family" includes a covered Employee/Retiree, his Covered Spouse/Domestic Partner and/or Covered Dependent child(ren). No individual can have more than the \$375 Individual Deductible applied towards the Family Deductible.

If both the Covered Member and a Covered Spouse/Domestic Partner are employed by Washoe County and both are eligible and enrolled in the same PPO Plan, eligible expenses will be combined when calculating the family deductible.

Common Injury Deductible - If two or more family members sustain injury simultaneously during the same accident, only the amount of one deductible per calendar year will need to be satisfied by any or all such family members on account of such accident to qualify any of them for an Allowance on covered medical expenses arising from such accident.

MEDICAL & PRESCRIPTION OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum for an Individual or Family Member - Once a covered individual or member of the family has satisfied the \$3,450 Out-of-Pocket Maximum for PPO In-Network or \$6,675 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for that family member, even when the Family Out-of-Pocket limit has not been met. Prescription Drug, PPO In-Network and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

Out-of-Pocket Maximum for Family - Once the Family has satisfied the \$6,900 Out-of-Pocket Maximum for PPO In-Network or \$13,350 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for the family for the remainder of the Calendar Year. Prescription Drug, PPO (In-Network) and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

If both the Covered Member and a Covered Spouse/Domestic Partner are employed by Washoe County and both are eligible and enrolled in the same PPO Plan, eligible expenses will be combined when calculating the family Out-of-Pocket Maximum.

NOTE: Out-of-Pocket Maximums do not apply to or include:

- 1) amounts in excess of Usual, Customary and Reasonable as determined by the Plan;
- 2) expenses which become the Covered Person's responsibility for failure to comply with the requirements of the **Utilization Management Program**.
- 3) Expenses which become the Covered Person's responsibility for services not covered by the Plan.

**SELF FUNDED PPO PLAN
SCHEDULE OF BENEFIT PERCENTAGES**

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO In-Network	Non-PPO Out-of-Network
BILLED CHARGES ARE SUBJECT TO	PPO Network Rates (U&C) See Important Information Above		
Ambulance	Yes	80%	60%
Ambulatory Surgical Center (ASC)	Yes	80%	60% of U&C
Acupuncture / Acupressure	Yes	80%	60% of U&C
Autism Spectrum Disorder	Yes	80%	60% of U&C
Behavioral Health Services (Mental Health and Substance Abuse)			
Outpatient Physician Visit	No/Yes	\$25 co-pay	60% of U&C
Inpatient Physician Visit	Yes	80%	60% of U&C
Inpatient Facility	Yes	80%	\$500 co-pay + 60% of U&C
Outpatient Facility Services	Yes	80%	60% of U&C
Chiropractic Care , up to 25 visits per Calendar Year.	Yes	80%	60% of U&C
Diabetes Education	Yes	80%	60% of U&C
Diagnostic Lab & X-ray	Yes	80%	60% of U&C
Durable Medical Equipment	Yes	80%	80% of U&C

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO In-Network	Non-PPO Out-of-Network
Genetic Counseling and Testing BRCA Counseling BRCA1 and BRCA2 test ApoE Counseling and test Pregnancy specific counseling and tests All other Genetic Counseling and Testing, not specifically listed, up to \$1,000 per Calendar Year.	No No Yes Yes Yes	100% 100% 80% 80% 80%	60% of U&C 60% of U&C 60% of U&C 60% of U&C 60% of U&C
NOTE: See Genetic Counseling and Testing and Pregnancy under the ELIGIBLE MEDICAL EXPENSES for additional information.			
Hearing Aid and Related Exam , limited to one (1) hearing aid per ear and one (1) exam every 36 months.	Yes	80%	60% of U&C
Home Health Care, up to 100 visits per Calendar Year	Yes	80%	60% of U&C
Hospice Care	Yes	80%	60% of U&C
Hospital Services Inpatient Services	Yes	80%	\$500 co-pay + 60% of U&C
Emergency Room Services	Yes	\$75 co-pay + 80%	\$75 co-pay + 60% of U&C
Outpatient Services	Yes	80%	60% of U&C
Inpatient Admission to a Non-PPO hospital will result in an additional co-payment of \$500, unless admitted through the emergency room or if you reside more than 50 miles from a PPO hospital. Hospital Emergency Room visit will result in an additional co-payment of \$75 unless admitted to the hospital through the emergency room.			
Newborn Nursery	Yes	80%	\$500 co-pay + 60% of U&C
Orthopedic Shoes , one pair up to \$500 per Calendar Year	Yes	80%	60% of U&C
Orthotics / Shoe Inserts Age 0-17, up to \$300 Lifetime	Yes	80%	60% of U&C
Age 18 and over, up to \$150 Lifetime	Yes	80%	60% of U&C
Physical / Occupational Therapy	Yes	80%	60% of U&C
Physician, Primary Care (PCP) Office Visit Only	No/Yes	\$25 co-pay	60% of U&C
Injection during the PCP office visit, per injection	No/Yes	\$5 co-pay	60% of U&C
Laboratory test during the PCP Office Visit, per test	No/Yes	\$5 co-pay	60% of U&C
X-ray taken during the PCP Office Visit, per test	No/Yes	\$5 co-pay	60% of U&C
All other services rendered during the PCP Office Visit	Yes	80%	60% of U&C
Physicians, All Others	Yes	80%	60% of U&C
Primary Care Physician (PCP) includes Family Practice, General Practice, Gynecology, Internal Medicine and Pediatrics. Specialist physicians include all others unless noted.			

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO In-Network	Non-PPO Out-of-Network
Prescription Drug Program through MaxorPlus			
Generic	No		\$7 co-pay
Preferred Brand	No		\$30 co-pay
Non-Preferred Brand	No		\$50 co-pay
Maintenance Drugs (mandatory mail-order, ≤ 90-day supply)			
Generic	No		\$14 co-pay
Preferred Brand	No		\$60 co-pay
Non-Preferred Brand	No		\$100 co-pay
Maintenance Drugs (mandatory mail-order, ≤ 90-day supply)			
Generic	No		\$14 co-pay
Preferred Brand	No		\$60 co-pay
Non-Preferred Brand	No		\$100 co-pay
See Prescription Drug Program in the Plan Document for more information.			
Preventive/Wellness	No	100%	60% of U&C
Preventative/Wellness benefits are healthcare services that are not provided as a result of illness, injury or congenital defect. Any test or procedure done that is related to a known or present condition may not be subject to this benefit and will be processed accordingly. See Appendix A – Preventative Services for additional information.			
Second Surgical Opinion	Yes	80%	60% of U&C
Skilled Nursing Facility , up to 60 days per Calendar Year	Yes	80%	60% of U&C
Speech Therapy	Yes	80%	60% of U&C
Telemedicine Services	No	100%	60% of U&C
Temporomandibular Joint Dysfunction (TMJ)			
Surgery	Yes	80%	60% of U&C
Non-Surgical services, up to \$500 per Calendar Year	Yes	80%	60% of U&C
Medically accepted non-surgical services, including splints (removable mouthpiece), will be subject to a limit of \$500 per calendar year. Dental and orthodontia treatments are covered under the Dental Plan. Refer to the Dental Plan Summary for Benefits and Limitations .			
Urgent Care Centers	Yes	80%	60% of U&C
Weight Loss Surgery , one (1) procedure per Lifetime	Yes	80%	60% of U&C
All Other Eligible Medical Expenses	Yes	80%	60% of U&C