

Benefits Enrollment Guide:

Plan C

2019 Paladina Health



J M SMITH
CORPORATION



PALADINA
HEALTH™

Medical Benefits – PLAN C

Benefit	In Network	Out of Network
Deductible – <i>Individual Policy</i>	\$750	\$2,250
Deductible – <i>Family Policy</i>	\$1,500	\$4,500
Coinsurance (<i>after satisfying the Deductible</i>)	80% (Plan pays 80%, you pay 20%)	60% (Plan pays 60%, you pay 40%)
High Performing Network - <i>Special contracts with high quality providers</i>	100%	N/A
Out-of-Pocket Maximum – <i>Individual Policy</i>	\$3,000 per Calendar Year in addition to Deductible	\$4,700 per Calendar Year in addition to Deductible
Out-of-Pocket Maximum – <i>Family Policy</i>	\$6,000 per Calendar Year in addition to Deductible	\$9,400 per Calendar Year in addition to Deductible
Lifetime Maximum (<i>per person</i>)	No Lifetime Max	
Physician Office Visits – <i>Primary Care Physicians (PCP) and Pediatrician (includes lab, x-ray and ancillary charges performed by, or under the direction of the Paladina physicians)</i>	Paladina physician—No charge Non-Paladina physician—50% after Deductible	Non-Paladina physician—10% after Deductible
Specialist Office Visit – <i>Includes OB-GYN and Internist (Includes lab, x-ray and ancillary charges with the same service date)</i>	80% after Deductible	60% after Deductible
Prescription Drugs	Patient responsible for 40% of the prescription cost except for generic drugs. Patient pays \$4 for multisource generics. Patient pays \$10 for single source generics. Not subject to a Deductible.	Not covered
Prescription Drugs Out of Pocket Maximum - <i>Applies to in and out of network pharmacy cost. Retail and home delivery co-pays apply to the Pharmacy Out of Pocket.</i>	\$3,600 Individual \$7,200 Family	Not Covered
Preventive Care for Employees and Covered Spouses	See Page 24 in Yellowbook	Not covered
Preventive Care for covered children – <i>Immunizations, Routine Physicals</i>	100% of covered expenses	Not covered
Allergy Testing Allergy Serum and Injections	80% after Deductible	60% after Deductible
Routine Physician Maternity Services – <i>Routine Prenatal, Delivery and Postnatal Care</i>	80% after Deductible	60% after Deductible
Urgent Care	80% after Deductible	60% after Deductible
Emergency Room – <i>Co-pay is waived in case of injury, life threatening illness, or if admitted as inpatient</i>	\$200 co-pay, 80% after Deductible	\$200 co-pay, 60% after Deductible
Ambulance Services	80% after Deductible	80% after Deductible
Inpatient Services – <i>Physician, Maternity, Nursery Room, Surgical, Anesthesia, Lab and X-ray Charges/Interpretation</i>	80% after Deductible	60% after Deductible
Inpatient Hospital Services - <i>Per admission co-payment is waived when a PPO hospital is used or admission occurs directly from Emergency Room</i>	80% after Deductible	\$500 per admission co-pay then 60% after Deductible
Semi-Private Room Rate	Reimbursement Amount: If the hospital only has private room facilities then private room charge will be considered as the semi-private. Semi-Private Room Rate: 80% after Deductible	Semi-Private Room Rate: 60% after Deductible
Intensive Care Unit	80% after Deductible	60% after Deductible

Please see Exhibit A at the back of Yellowbook for a listing of Plan Exclusions. Refer to www.jmsmithbenefits.com for administrative questions and participating providers. This site will also provide you with a link to www.southcarolinablues.com for claims inquiries.

Medical Benefits – PLAN C Continued

Benefit	In Network	Out of Network
Mental Disorders: Inpatient	80% after Deductible	\$500 copay, then 60% after Deductible
Mental Disorders: Outpatient	80% after Deductible	60% after Deductible
Substance Abuse: Inpatient	80% after Deductible	\$500 copay, then 60% after Deductible
Substance Abuse: Outpatient	80% after Deductible	60% after Deductible
Outpatient Services – <i>Hospital, Physician, Surgical, Anesthesia, Lab and X-ray Charges/interpretation</i>	80% after Deductible	60% after Deductible
Outpatient Therapy – <i>Physical, Speech and Occupational</i>	80% after Deductible	60% after Deductible
Outpatient Therapy – <i>Renal Dialysis, Chemotherapy and Radiation</i>	80% after Deductible	60% after Deductible
Durable Medical Equipment	80% after Deductible	60% after Deductible
Home Health Care	80% after Deductible with a 60 visit maximum per year	60% after Deductible with a 60 visit maximum per year
Skilled Nursing Facility	80% after Deductible with a 120 day maximum per calendar year	60% after Deductible with a 120 day maximum per calendar year
Outpatient Private Duty Nursing	80% after Deductible	60% after Deductible
Hospice Care	80% after Deductible	60% after Deductible
Transplant Services – <i>Lung, Pancreas, Liver, Heart, Cornea, Kidney, Bone Marrow, Heart/Lung</i>	80% after Deductible	60% after Deductible
Infertility Services	Not covered	Not covered
LASIK Eye Surgery	50% after Deductible with a maximum of \$1,000 per eye and \$2,000 lifetime maximum	Not covered
TMJ	80% after Deductible	60% after Deductible
Accident Benefit	Pays 100% of the first \$500 then subject to 80% of the remaining amount (not subject to the Deductible); Charges must be incurred within 90 days of such accident	Pays 100% of the first \$250 then subject to 60% of the remaining amount (not subject to the Deductible); Charges must be incurred within 90 days of such accident
Chiropractic Services / Acupuncture Services	Subject to Deductible; Maximum payment of \$15 per visit; \$1,000 maximum per calendar year	Subject to In-Network Deductible; Maximum payment of \$15 per visit; \$1,000 maximum per calendar year

Q & A



What benefits are provided if I use a non-participating provider?

If you use a non-participating provider, then you may have to pay your bill in full for the services you receive and request reimbursement later by completing a claim form.



Visit our benefit website at jmsmithbenefits.com for a claim form.

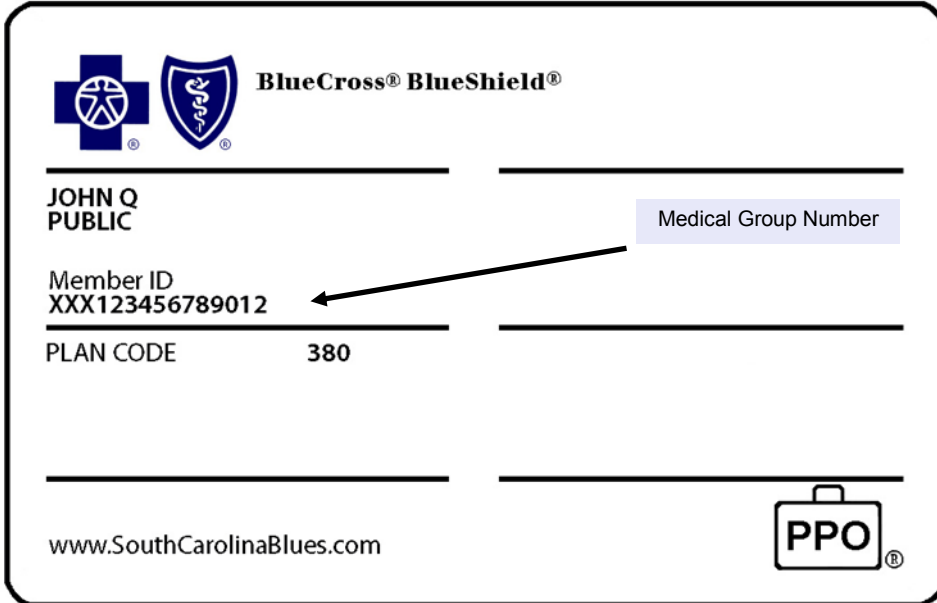
Please see Exhibit A at the back of Yellowbook for a listing of Plan Exclusions. Refer to www.jmsmithbenefits.com for administrative questions and participating providers. This site will also provide you with a link to www.southcarolinablues.com for claims inquiries.

Medical Identification Card

You will have separate ID cards for medical and pharmacy. Please keep the cards with you at all times so that you will have it available when you need medical or dental services. The card identifies your plans and gives instructions for providers on where to send claim information.

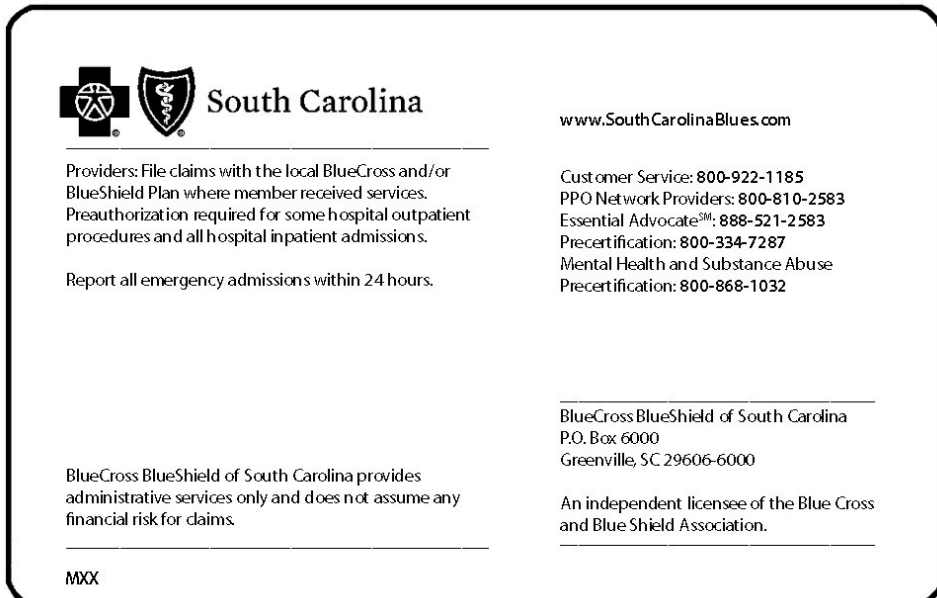
How To Read Your Identification (ID) Card (Plan C)

FRONT OF THE CARD



The front of the card features the BlueCross and BlueShield logos at the top left, followed by the text "BlueCross® BlueShield®". Below this, the member's name "JOHN Q PUBLIC" is printed. To the right of the name is a box labeled "Medical Group Number". The Member ID "XXX123456789012" is printed below the name, with an arrow pointing from the "Medical Group Number" box to it. Below the Member ID is the Plan Code "380". At the bottom left is the website "www.SouthCarolinaBlues.com" and at the bottom right is a "PPO" logo.

BACK OF THE CARD



The back of the card features the South Carolina logo at the top left, followed by the text "South Carolina". Below this is the website "www.SouthCarolinaBlues.com". The card provides instructions for providers: "Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Report all emergency admissions within 24 hours." It also lists contact numbers for Customer Service (800-922-1185), PPO Network Providers (800-810-2583), Essential Advocate (888-521-2583), Precertification (800-334-7287), and Mental Health and Substance Abuse Precertification (800-868-1032). At the bottom, it states "BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims." and "An independent licensee of the Blue Cross and Blue Shield Association." The code "MXX" is printed at the bottom left.

Notes:



- Identification cards feature the name of the policyholder only. Any dependents who have coverage under this policy (for example, a spouse or child) can still use the ID card, even though it only shows the policyholder's name.
- Alpha Prefix – is the first three characters of the "Member ID," and identifies your group. A group number does not appear on the identification card.
- Copays (if applicable) do not appear on identification cards.
- Single members receive one card, family tiers receive four cards and other tiers of coverage receive two. Additional cards can be ordered via My Health Toolkit® or through Customer Service.

Pharmacy Identification Card

You will have separate ID cards for medical and pharmacy. Please keep the cards with you at all times so that you will have it available when you need medical or dental services. The card identifies your plans and gives instructions for providers on where to send claim information.

How To Read Your Identification (ID) Card (Plan C)


FRONT OF THE CARD

	
Pharmacy Benefit Management Services	
NDC / ENVOY BIN 005377 RxPCN 10000019	Effective Date: 00/00/0000
Member Rx ID: 123456789	RXGROUP: JM SMITH
Members	Person Code
Name 1	01
Name 2	02
Name 3	03
Name 4	04
Name 5	05
Name 6	06
COPAYS: RETAIL: Generic \$xx / Preferred \$xx / Non-Preferred \$xx MAIL: Generic \$xx / Preferred \$xx / Non-Preferred \$xx	
	

BACK OF THE CARD

Please call MAXORPLUS Customer Service at
(806) 324-5430 or 1-800-687-0707 for the following:

Member Assistance • Benefit Questions
Prior Authorizations • Participating Pharmacy Locations
Eligibility Verification • Technical/Transmission Assistance

 **MAXORPLUS**
320 S. Polk, Ste. 200 • Amarillo, Texas 79101

TERMS/CONDITIONS: This card is for identification only, is non-transferable and remains the property of MAXORPLUS. This card must be presented at a participating pharmacy. Prescription benefits obtained through the use of this card are governed by the conditions of the agreement between MAXORPLUS and the insuring organization. Only the person named on this card and eligible dependents may use this card to obtain prescription drug benefits. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. This card is void when your eligibility terminates.