



SUMMARY PLAN DESCRIPTION

ADAIR COUNTY
EMPLOYEE BENEFIT PLAN

"BUY UP PLAN"

PREPARED EXCLUSIVELY FOR:
ADAIR COUNTY GOVERNMENT

PREPARED BY:
GROUP BENEFIT SERVICES, INC. (GBS)

www.gbs-tpa.com

"Innovative Solutions | Customized Benefits | Sustainable Plans"

Schedule of Benefits

This page, called a Schedule of Benefits, provides a description about the benefits available through your plan. This Schedule of Benefits is included in your Plan Document (PD) and can be found in your GBS member portal at: mygbshealth.com

Group Name / Plan Sponsor	Adair County Government
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Benefit Period – Deductible & Out-of-Pocket Accumulation Period:	January 1 through December 31
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Preferred Provider Organization (PPO) Network:	Healthlink OA II PPO Network
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TIP: To locate a PPO provider, log in to your GBS member portal at mygbshealth.com and in the right-hand sidebar select PPO Provider Locator.

Major Medical Deductible / Member Cost Share	In-Network	Non-Network
Single Deductible per Accumulation Period:	\$2,000	\$4,000
Family Deductible per Accumulation Period:	\$4,000	\$8,000

Coinsurance Levels / Member Cost Share	In-Network	Non-Network
Coinsurance percentage after annual deductible has been met:	90 / 10	60 / 40

Out-of-Pocket ¹ Limit Including Deductible	In-Network	Non-Network
Single Annual Out-of-Pocket Limit per Accumulation Period:	\$3,000	\$6,000
Family Annual Out-of-Pocket Limit per Accumulation Period:	\$6,000	\$12,000

IMPORTANT: The Major Medical deductible and the out-of-pocket limit(s) for In-Network and Out-of-Network providers accumulate separately.

Cost Share Amount for Medical Services	In-Network	Non-Network
General Practitioner (GP) / Primary Care Physician (PCP)	\$20 Office Visit Copay	60 / 40

The copay applies to the office visit with your physician but **does not** include any additional services performed by the physician (example: labs or x-rays). See Enhanced Plan Benefit features for **no cost options**.

IMPORTANT: For the purposes of this Plan, Physicians classified a Primary Care Physician (PCP) are Family Practitioner, General Practitioner (GP), Internist, Pediatrician, and OB/GYN. All other Physicians are considered Specialists. A referral from a GP / PCP is not required to visit a Specialist.

Cost Share Amount for Medical Services	In-Network	Non-Network
Specialist ²	\$25 Office Visit Copay	60 / 40

The copay (encounter fee) applies to the office visit with your Specialist but **does not** include other services performed by the physician (example: labs or x-rays). No referral is required to see a Specialist. See Enhanced Plan Benefit features for **no cost options**.

Cost Share Amount for Medical Services	In-Network	Non-Network
Urgent Care	\$50 Event Copay	60 / 40

The copay applies for **all services** performed during an urgent care visit.

Cost Share Amount for Medical Services	In-Network	Non-Network
Emergency Room	\$150 ER Copay	\$150 ER Copay

After the copay, the **In-Network** (even at an Out-of-Network facility) major medical coinsurance is applied (See ACA Rules).

	In-Network	Non-Network
Lifetime Limit for Essential Health Benefits:	<u>Unlimited</u>	<u>Unlimited</u>

¹ ACA Maximum Annual Out-of-Pocket Limit includes In-Network Major Medical and Generic & Preferred Name Brand Pharmacy Deductibles, Coinsurance, and Copays. The actual Out-of-Pocket limit each year changes based upon cost-of-living adjustments that is consistent with ACA guidelines for the Plan Year for which claims are incurred. Contact Third Party Administrator for additional details.

² A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Enhanced Plan Benefit Features

This page provides a brief description of the many enhanced benefits available to you through your benefit plan.

Reimbursable Deductible Allowance

The **Reimbursable Deductible Allowance (RDA)** is a portion of your Plan Deductible that can be reimbursed back to you at a rate of 100% for eligible In-Network expenses. Eligible In-Network expenses must be **Incurred** during the benefit year to qualify for reimbursement. RDA funds can only be used for Deductibles & Copays and cannot be used for Coinsurance. Current available RDA balances can be reviewed and submissions for reimbursement can be made in the GBS member portal located at: mygbshealth.com

Reimbursable Deductible Allowance (RDA) Amounts	In-Network	Non-Network
RDA Single Amount	\$1,000	Not Available

Preferential Plan Providers

Preferential Plan Providers are providers that have agreed to make their goods and/or services available to GBS plan members at greatly reduced rates. If the plan member seeks eligible goods and/or services from the providers listed below, said goods and/or services will be provided at no cost (covered at 100%) to the plan member. Precertification and medical necessity are required for some of the goods and/or services listed. Likewise, some services require a prescription from your medical provider. Additional details about these benefits can be found in the provisions of your PD. To access the entire PD and review tutorials about each of the below benefits, log in to your GBS member portal located at: mygbshealth.com

Preferential Benefit	Preferential Provider(s)	Benefit Level
Lab Services	QuestSelect	100% ☺
TIP: Lab appointments can be scheduled through the QuestSelect or LabCorp web site which can also be accessed at: mygbshealth.com	Find a Location: www.questselect.com	
	LabCorp	100% ☺
	Find a Location: https://www.labcorp.com/labs-and-appointments	
Durable Medical Equipment (DME)	HOMELINK	100% ☺
IMPORTANT: HOMELINK is the Preferential Provider for your benefit plan. Precertification is required on items over \$150.	Phone: (800) 482-1993 Website: www.vamhomelink.com	
Walk-in Clinics	CVS MinuteClinic®	100% ☺
TIP: CVS MinuteClinic® appointments can be scheduled through their website which can also be accessed at: mygbshealth.com	Find a Location: www.cvs.com/minuteclinic	
Diabetic Management Program and Service	Livongo	100% ☺
IMPORTANT: Livongo is the exclusive diabetic management service provider. Livongo will supply you with a glucometer and test strips at no charge. TIP: All of your glucose readings will be posted on the Livongo's secure website which can also be accessed at: mygbshealth.com	Phone: (800) 945-4355	
	Website: welcome.livongo.com/GBS	
	Registration Code: GBS	
Telemedicine	Teladoc	100% ☺
IMPORTANT: Teladoc is the exclusive telemedicine service provider for your benefit plan. There is no visit limit when using this service. TIP: Members can access Teladoc via dial up phone service, or a video visit. The video service can be accessed at: mygbshealth.com	Phone: (800) 835-2362 Website: www.teladoc.com	

Enhanced Plan Benefit Features – Continued

Preferred Place-of-Service Benefits

Preferred Place-of-Service Benefits provide Plan Members with specific medical services at lower-cost when receiving services at a specified place-of-service. If the Plan Member follows the guidelines regarding these Place-of-Service Benefits, the Plan will waive the Member's deductible and coinsurance for the In-Network services listed below. Precertification and medical necessity are required for some of the benefits listed.

Medical Service Categories	Preferred Place-of-Service	Benefit Level
Radiology	Free-Standing Imaging Facility	100% ☺
Enhanced imaging services (radiology) at independent, non-hospital facilities can be provided from one-half (½) to one-third (⅓) of the normal charges billed by hospital facilities. By selecting an independent network facility for your next MRI, CT scan, or PET scan, your plan will pay 100% of the contract rate through your PPO network. By taking charge of where you receive your enhanced imaging services, you are not only saving money, but you are also helping your plan keep the cost of health insurance sustainable. Precertification and medical necessity determination are required prior to receiving service.		
Sleep Study	Home Sleep Study	100% ☺
According to Johns Hopkins Medicine ³ , home sleep studies provide a more accurate reading of how you sleep and are usually one-third (⅓) to one-fifth (⅕) of the cost of doing an in-lab study. Choosing to have your sleep study at home will provide a better diagnosis and you save money. Choosing this option also helps your plan keep health insurance costs lower. If durable medical equipment (DME) is needed, please see HOMELINK for additional member savings.		
Surgical Services	Ambulatory Surgical Center	100% ☺
According to Johns Hopkins Medicine ⁴ , some of the advantages of having your procedures performed at an Ambulatory Surgical Center (ASC) on an outpatient basis include convenience, lower costs, reduced stress, and more predictable scheduling. Likewise, according to the American Medical Association ⁵ , infection rates after procedures performed at ASCs are less likely. By selecting an ASC for your next procedure, you will not only benefit from the advantages listed previously, but you will also save money while helping your insurance plan keep costs down. Precertification and medical necessity determination are required prior to receiving service.		
Walk-in Clinics	CVS MinuteClinic®	100% ☺
Walk-in clinics are the best option when your general doctor is not available and is typically the most realistic choice for non-life-threatening and/or minor issues. Your health plan has contracted with CVS MinuteClinic® to provide you with immediate access to care when you cannot get in to see your general practitioner.		
MinuteClinic® costs 40% less than urgent care, ⁶ so when you choose MinuteClinic® over Urgent Care or the Emergency Room, you are helping to keep the cost of healthcare lower for your plan while you're saving money. Your plan will cover the cost of your MinuteClinic® visit at 100%. The only cost associated with your visit may be a copay for a prescription if one is prescribed.		

³ Johns Hopkins Medicine website: <https://www.hopkinsmedicine.org/health/wellness-and-prevention/what-to-know-about-an-at-home-sleep-test#:~:text=Most%20at%2Dhome%20sleep%20tests,by%20insurance%2C%E2%80%9D%20he%20says.>

⁴ Johns Hopkins Medicine website: <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/outpatient-surgery>

⁵ American Medical Association website: <https://jamanetwork.com/journals/jama/fullarticle/1829988#:~:text=Our%20findings%20affirmed%20that%20the,of%20infections%20following%20inpatient%20operations>

⁶ Source: Urgent Care Association, "2018 Benchmark Report." Save up to 85% at MinuteClinic® vs. the ER for comparable services. 2020 independent market research study comparing patient out-of-pocket costs for an emergency room visit versus a MinuteClinic® visit for the same presenting condition.

General Description of Benefits

Major Medical Benefit Descriptions:	In-Network Coinsurance	Non-Network Coinsurance	Benefit Limit Descriptions
Acupuncture – Licensed Physician	90 / 10	60 / 40	12 Visit Limit Per Year
Allergy Injections	\$5 Copay	60 / 40	
Allergy Testing	90 / 10	60 / 40	
Ambulance – Air ⁷ & Ground Services	90 / 10	60 / 40	For Emergency Use Only
Ambulatory Surgical Center (ASC)	100% ☺	60 / 40	Must be Pre-certified
Anesthesia	90 / 10	60 / 40	
Birth Center	90 / 10	60 / 40	
Blood & Plasma	90 / 10	60 / 40	
Chiropractic Care - Over 5 Years of Age	90 / 10	60 / 40	30 Visit Limit Per Year
Dialysis – 6 Month Benefit Limit	90 / 10	60 / 40	Must be Pre-certified
Durable Medical Equipment (DME) – Non HOMELINK	90 / 10	60 / 40	Must be Pre-certified
Hearing Examination – Annual Benefit	100% ☺	100% ☺	1 Basic Hearing Exam
Home Health Care – 120 Day Annual Limit	90 / 10	60 / 40	Must be Pre-certified
Hospice Care	180 Day Benefit Limit		Must be Pre-certified
Inpatient Treatment	90 / 10	60 / 40	
Outpatient Treatment	90 / 10	60 / 40	
Family Bereavement Counseling	90 / 10	60 / 40	
Hospital			Must be Pre-certified
Inpatient Treatment	90 / 10	60 / 40	
Outpatient Treatment	90 / 10	60 / 40	
Infusion Therapy			Must be Pre-certified
Non-Orphan Drugs Only Covered Through PBM	See Pharmacy Benefit Card for Copays		Only Through the PBM
Lab Services – (Non-Quest or LabCorp)	90 / 10	60 / 40	See Enhanced Plan Benefits
Maternity Program			
Maternity – Hospital or Midwife Delivery	90 / 10	60 / 40	
Maternity – Happy Beginnings Pre-Natal Delivery Well Care	100% ☺	60 / 40	Mother Routine Care Visits
Mental Health, Substance & Chemical Dependency			Must be Pre-certified
Inpatient Physician Services	90 / 10	60 / 40	60 Day Annual Limit
Partial Day Program	90 / 10	60 / 40	60 Visit Annual Limit
Outpatient Physician Services	90 / 10	60 / 40	60 Visit Annual Limit
Residential Treatment Program	90 / 10	60 / 40	60 Day Annual Limit
Newborn Nursery Care – While Inpatient	90 / 10	60 / 40	
Orthoptic Training			Must be Pre-certified
Only when Prescribed by a Physician	90 / 10	60 / 40	Dependents up to age 10
Orthotics - Only when Prescribed by a Physician	90 / 10	60 / 40	Must be Pre-certified
Outpatient Emergency Services (ER)	For non-emergency services see Telemedicine & Walk-in Clinics		
Emergency Room - For Emergency Use Only	\$150 Copay ⁸	\$150 Copay ⁹	Non-Emergency Services
Physicians - For Emergency Use Only	90 / 10	90 / 10	Could Be Denied

⁷ Eligible Air Ambulance charges are limited to Reasonable, Usual & Customary, or a percentage of Medicare Allowable, whichever is appropriate. Benefits can be limited based on other coverage or services previously purchased by Plan Members through an association, group, and/or a specific air ambulance company program. Contact Third Party Administrator for additional details.

⁸ After the copay, the in-network major medical coinsurance is applied.

⁹ After the copay, the in-network major medical coinsurance is applied.

General Description of Benefits - Continued

Major Medical Benefit Descriptions:	In-Network Coinsurance	Non-Network Coinsurance	Benefit Limit Descriptions
Physician Services¹⁰ (See Below; GP, Specialists, etc.)			
General Practitioner (GP) / Primary Care Physician (PCP)	\$20 Dr. Copay	60 / 40	Office Visit Copay ¹¹
Specialist ¹² – Encounter Copay	\$25 Dr. Copay	60 / 40	Office Visit Copay ¹³
Telehealth Services – Teladoc	100% ☺	Not Available	100% covered using Teladoc
Urgent Care	\$50 Event Copay	60 / 40	Event Copay ¹⁴
CVS MinuteClinic®	100% ☺	Not Available	All Eligible Charges Covered ¹⁵
Lab and X-ray Services	90 / 10	60 / 40	See Enhanced Plan Benefits
Preferred Place-of-Service Benefits	100% ☺	60 / 40	See Enhanced Plan Benefits
Preferential Plan Provider Benefits	100% ☺	Not Available	See Enhanced Plan Benefits
Preventive Care	https://www.healthcare.gov/coverage/preventive-care-benefits/		
Routine Physical Exam	100% ☺	60 / 40	Annually
Mammograms	100% ☺	60 / 40	Must be over age 40
Pap Smears	100% ☺	60 / 40	Annually
Prostate Exam	100% ☺	60 / 40	Must be over age 50
Routine Immunizations	100% ☺	60 / 40	
Well Child Care Exam	100% ☺	60 / 40	
Private Duty Nursing	90 / 10	60 / 40	
Prosthetics	90 / 10	60 / 40	Must be Pre-certified
Radiology – Enhanced Imaging ¹⁶ MRI, CT scan, or PET scan	90 / 10	60 / 40	Must be Pre-certified
Routine Patient Costs – Approved Clinical Trials	90 / 10	60 / 40	Must be Pre-certified
Second Surgical Opinions	100% ☺	60 / 40	
Skilled Nursing Facility – 120 Day Annual Limit	90 / 10	60 / 40	Must be Pre-certified
Sleep Apnea Appliance (CPAP) – See HOMELINK	90 / 10	60 / 40	Must be Pre-certified
Smoking Cessation – 120 Day Annual Limit	100% ☺	Not Covered	See PBM Program
Surgery – See Enhanced Plan Benefits for Additional Benefits	90 / 10	60 / 40	Must be Pre-certified
Telehealth Services – Non-Teladoc	\$20 Dr. Copay	60 / 40	Limits ¹⁷ will apply
Temporomandibular Joint Disorder (TMJ)	90 / 10	60 / 40	Must be Pre-certified
Therapy			Must be Pre-certified
Chemotherapy	90 / 10	60 / 40	
Occupational Therapy	90 / 10	60 / 40	60 Day Annual Visit Limit
Physical Therapy	90 / 10	60 / 40	60 Day Annual Visit Limit
Radiation Therapy	90 / 10	60 / 40	
Respiration Therapy	90 / 10	60 / 40	
Speech Therapy	90 / 10	60 / 40	60 Day Annual Visit Limit
Transplants – LifeTrac Transplant Network	90 / 10	60 / 40	Must be Pre-certified
Walk-in Clinic Visit – See Enhanced Plan Benefits for no Copay	\$20 Dr. Copay	60 / 40	Office Visit Copay ¹⁸
Vision Examination – Annual Benefit	100% ☺	100% ☺	1 Basic Vision Exam
Weight Loss Counseling – No Procedures	100% ☺	100% ☺	1 Annual Counseling Visit
All Other Eligible Services – Not Specifically Listed	90 / 10	60 / 40	See Plan Details

¹⁰ **Note:** For purposes of this Plan, Physicians considered a Primary Care Physician (PCP) are Family Practitioner, General Practitioner, Internist, Pediatrician and OB/Gyn. All other Physicians are considered Specialists. A referral from a Primary Care Physician to a Specialist is **not** required.

¹¹ **Note:** The copay applies to the office visit with your physician but **does not** include any additional services performed by the physician (example: labs or x-rays).

¹² A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

¹³ **Note:** The copay (encounter fee) applies to the office visit with your Specialist but **does not** include other services performed by the physician (example: labs or x-rays). No referral is required to see a Specialist.

¹⁴ **Note:** The copay applies for **all** services performed during an urgent care visit.

¹⁵ **Note:** The member may be responsible for a prescription copay if a prescription is prescribed during the clinic visit.

¹⁶ **Note:** Using a Preferred Place-of-Service will provide a no cost benefit to the member. See Preferred Place-of-Service section above for details.

¹⁷ A telehealth visit charge can be **no more** than a face-to-face office visit.

¹⁸ **Note:** The copay applies to the office visit with your physician but **does not** include any additional services performed by the physician (example: labs or x-rays).

Summary of Prescription Drug (Rx) Benefits

The following benefits levels are per Plan Participant:

Mail Order or Retail Maintenance Pharmacy Prescription Drug Expenses:		Participating Pharmacy
Retail Prescription Copayment Options – 30-day supply		The copayments shown are applied to each prescription.
ACA Preventive Services – These medications fall under ACA wellness – covered @ 100%		\$0 – No Copay ☺
Copayment per new or refill prescription - Generic ¹⁹		\$8 Copay
Copayment per new or refill prescription - Preferred Name Brand		\$20 Copay
Copayment per new or refill prescription - Non-Preferred Name Brand		\$40 or 50 / 50 Cost Share Whichever is greater
Mail Order or Retail Maintenance Pharmacy Prescription Drug Expenses:		Participating Pharmacy
Mail Order or Retail Maintenance Prescription Copayment Options – 90-day supply²⁰		The copayments shown are applied to each prescription.
ACA Preventive Services – These medications fall under ACA wellness – covered @ 100%		\$0 – No Copay ☺
Copayment per new or refill maintenance prescription - Generic ²¹		\$8 Copay
Copayment per new or refill maintenance prescription - Preferred Name Brand		\$30 Copay
Copayment per new or refill maintenance prescription - Non-Preferred Name Brand		\$80 or 50 / 50 Cost Share Whichever is greater
Specialty Drug Expenses (Non-Orphan Drugs):		Participating Pharmacy
Retail Specialty²² Card Copayment Options – No more than a 30-day supply		The copayments shown are applied to each prescription.
Copayment per new or refill Specialty prescription - Generic		\$30 Copay
Copayment per new or refill Specialty prescription - Preferred Name Brand		\$60 Copay
Copayment per new or refill Specialty prescription - Non-Preferred Name Brand		\$90 or 50 / 50 Cost Share Whichever is greater
Copayment per new or refill Specialty prescription through GBS Rx Specialty Drug Program		No Copay (See Below)

Note:

When a Generic Drug is available, but the pharmacy dispenses a Name Brand Drug per the member's or physician's request, the plan member will pay the copay and the difference between the cost of the Name Brand Drug and the Generic Drug.

GBS Rx Specialty Program

Specialty prescriptions filled through the GBS Rx program will have no copay. For information on filling your Specialty prescriptions through this program, please call: (888) 364-3580

Drug Manufacturer Assistance Programs:

Any amounts paid toward plan member responsibility which were paid or reimbursed by manufacturer assistance programs, which includes copay cards, or similar patient assistance programs from a third party, do not accrue toward the deductible or annual out-of-pocket maximum.

Specialty Drug 30-Day Retail Lock:

The first Specialty prescription (30-day maximum fill amount) can be filled at any retail pharmacy. Subsequent fills must be obtained through the **CVS / Caremark** Specialty Drug Program. The **CVS / Caremark** phone number is located on the actual Pharmacy Benefit Card (Rx).

Participating pharmacies ("Participating Pharmacies") have contracted with the Plan to charge Participants reduced fees for covered Drugs. **CVS / Caremark** is the administrator of the prescription drug program for your Plan. Participants will be issued an identification card to use at any pharmacy at the time of purchase. Participants will be held responsible for any prescription drug card usage after the termination date of your coverage. The Plan may pursue reimbursement from former participants for any benefits incurred and paid by the plan after termination.

The Mail Order and Retail Maintenance Options are available for maintenance medications (medications that are taken for longer periods of time, such as drugs that are prescribed for heart disease, high blood pressure, asthma, etc.).

Because of volume buying, when you utilize the **CVS / Caremark** mail order pharmacy or the retail maintenance programs at select pharmacies, you can achieve significant savings for you and the prescription drug plan.

Step Therapy Protocol:

When it comes to medicines to treat long-term health conditions, people and doctors have more choices than ever. Cost is often a big difference between the choices. Brand-name medicines usually are highest-cost and generic medicines are usually the lowest-cost.

¹⁹ Formulary Generic Prescriptions for a 30-day supply of FDA-approved Women's Contraceptives, are covered at 100%.

²⁰ Some medications such as narcotics and specialty medications are not available for the 90-day mail order or retail maintenance program.

²¹ Formulary Generic Prescriptions for a 90-day supply of FDA approved Women's Contraceptives, are covered at 100%.

²² Specialty medications and infusion therapy must be pre-certified. Orphan drugs are not covered.

One way to make sure you get safe, effective, and reasonably-priced medicine is by using programs like step therapy. Step therapy programs are created using U.S. Food and Drug Administration (FDA) guidelines, clinical evidence, and research. These programs encourage you and your doctors to start treatment with an appropriate generic medicine with the lowest copay rather than a higher-cost medicine.

Step therapy protocol means that an individual may need to use one type of medication before another. Your plan monitors some Prescription Drugs to control utilization, to ensure that appropriate prescribing guidelines are followed, and to help an individual access high quality yet cost-effective Prescription Drugs. If a Physician decides that the monitored medication is needed, the prior authorization process is applied.

Generic medicines are an important step you can take to spend less for your prescriptions:

A lower-cost option that is as safe and effective as brand-name medicines.²³ 2 out of 3 prescriptions filled today are for generic medicines and that number is growing.²⁴ The FDA approve generic medicines to be just as safe and effective as their Brand-name counterparts.

There are generic medicine options to treat many conditions – your doctor can help you choose the right one for you. The step therapy program makes prescriptions more affordable for many people who participate. It also helps keep your prescription benefit plan priced right and helps control the rising cost of medicines by encouraging the use of lower-cost generic medicines that are as safe and effective as brand-name medicines.

²³ Generic Pharmaceutical Association's Website: <http://www.gphaonline.org/Content/NavigationMenu/AboutGenerics/Statistics/Statistics.htm>

²⁴ Generic Pharmaceutical Association's Website: <http://www.gphaonline.org/about-gpha/about-generics/case>