



2017 Employee Benefit Plan Trust

◆ Major Medical Plan A

2017 Employee Benefit Guide

Effective October 1, 2017

Group No.: 566000

A Non-Grandfathered Plan

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HOW YOUR PLAN WORKS

CHRISTUS SPOHN PPO NETWORK

For those residing in the Christus Spohn Health Network geographic area, this will be your PPO Network. Utilizing the network offers our plan and its participants the contractual right to assign your benefit payments directly to the provider, significant discounts, provider credentialing and access to nationwide Centers of Excellence to handle complicated medical conditions both inside and outside your geographic area. Because of the cost and the fact that printed directories are obsolete almost immediately after printing, the best way to find out who is in the network is by utilizing their website or contacting them toll free. For the Christus Spohn Health Network you may call customer service at (800) 419-3461 or look them up on the web at www.christusspohnhealthnetwork.org.

NETWORK PROVIDERS

The Allowable Amount for Network Providers will be the contracted discounted amount according to your PPO Network.

NON-NETWORK PROVIDERS

Are subject to the Plan Allowable Amount

IMPORTANT NOTICE ABOUT BALANCE BILLING

When you receive health care services from a network provider, they may refer services related to your treatment to non-network providers which may expose you to expenses not covered by your Plan. When this occurs, the difference between what your Plan allows and what the provider charges or accepts may be different. This “gap” may result in what is called “balance billing”. In an attempt to avoid balance billing, you should inquire whenever possible whether the charges of the provider will be satisfied by the Plan’s Allowable Amount as stated in your SPD/Plan Document in the definitions section. Assistance in determining provider billing amounts and referrals to vendors who will assist with pre-negotiation of services is available by calling Entrust.

PRIOR AUTHORIZATION REVIEW

Your Plan contains a Pre-authorization/Utilization Review requirement. This means that prior to any inpatient hospital admission, you must contact Medical Helpline. Medical Helpline will monitor the confinement and make recommendations to help keep the charges realistic. This call must be made at least five (5) business days in advance of services being rendered or within two (2) days after an emergency. The employee, a family member, or your service provider is responsible for notifying Medical Helpline. Your medical plan I.D. Card will indicate on the back the proper number to call.

FOR CLAIMS, ELIGIBILITY AND BENEFIT QUESTIONS

Call Customer Care Department at 800-436-8787 to speak with a Customer Care Representative. They will be able to assist you with your benefit, claims and eligibility information and questions.



22322 Grand Corner Dr., Ste. 200
Katy, TX 77494
In Corpus Christi: (361) 814-7878
In Houston: (281) 368-7878
Toll Free: (800) 436-8787

ELIGIBILITY

ELIGIBILITY REQUIREMENTS FOR ENROLLMENT IN MEDICAL PLAN OPTIONS:

FULL-TIME EMPLOYEES

Full-time employees that work at least 30 hours per week are eligible for coverage on their date of hire.

IMPORTANT STEPS FOR YOUR ENROLLMENT PROCESS:

You must complete your enrollment within 31 days of your eligibility date, otherwise you will not be able to enroll in the City of Kingsville Employee Benefit Plan Trust until the next annual open enrollment unless you have a qualifying life event.

ELIGIBLE DEPENDENTS

- Legal spouse
- Any child of an eligible employee up to age 26
- Any child under legal guardianship of the eligible employee up to age 26
- Step-children of eligible employee up to age 26
- Dependent child(ren) required to be covered through a Qualified Medical Support Order
- Any child meeting the criteria above who is over the age 26 and legally incapacitated
- All employees must either accept or waive coverage

LIFE EVENTS

- Birth or adoption of a child
- Marriage or divorce
- Death of spouse and/or dependents
- Dependent's loss of eligibility
- Gain/loss of health care coverage of spouse due to employment changes
- Taking an unpaid leave of absence
- You or your spouse become eligible or ineligible for Medicare benefits
- Other such event Plan Administrator determines to be permitted under I.R.S. Section 125 or other applicable guidelines issued by the I.R.S.
- Gain/loss of eligibility for Medicaid/CHIP (60 days to enroll/cancel coverage rather than 31 for all other life events)

The change to your benefit election must be consistent with the change in family status (i.e. birth of child allows the Plan to add a newborn, but does not allow you to drop your current coverage). Newborn children of an eligible employee will not be covered from the moment of birth unless enrollment for the child as a dependent is completed within 31 days from the child's date of birth.

MAJOR MEDICAL PLAN A

MAJOR MEDICAL PLAN A COVERED SERVICES

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Family Monthly Deductible Per Family Unit (<i>co-payments do not apply</i>)	\$250	
Coinsurance	100%	Not Covered
Maximum Out-of-Pocket (Includes Deductible, Coinsurance & Copays)	\$6,600 Individual \$13,200 Family	
Note: The Maximum Out-of-Pocket for Network & Non-Network Providers is Combined.		
CASH PRICE OPTION IF A PLAN PARTICIPANT'S PROVIDER AGREES IN ADVANCE OF SERVICE TO ACCEPT MEDICARE RATES AS PAYMENT IN FULL, THE PLAN WILL WAIVE THE PLAN PARTICIPANT'S MONTHLY DEDUCTIBLE. WAIVER OF THE PLAN PARTICIPANT'S DEDUCTIBLE WILL ONLY OCCUR IF THE CLAIM IS A PAYABLE CLAIM UNDER THE TERMS OF THIS PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION. CONTACT ENTRUST PATIENT SUPPORT SERVICES TO ASSIST YOU WITH THIS OPTION. ENTRUST PATIENT SUPPORT SERVICES 1-800-436-8787		
Annual Maximum Benefit All Medical Benefits	Unlimited	
Lifetime Maximum Benefit All Medical Benefits	Unlimited	
Note: For Medically Necessary Services rendered by a Network or Non-Network Provider, the Benefits of the Plan will be provided after the deductible has been met until out-of-pocket amounts are reached each Calendar Year. Thereafter, this Plan will provide benefits at 100% of the Allowable charge for the remainder of the Calendar Year for all covered medical expenses, unless otherwise specified. Any balances of charges not covered by this Plan will be the responsibility of the plan participant to pay.		
COVERED SERVICES	NETWORK	NON-NETWORK
Subject to Plan exclusions and limitations, the Allowable Amount for Network Providers will be the contracted allowable amount; and, the Allowable Amount for Non-Network Providers is based on a limited fee schedule.		
Physician's Office Visit Includes all related services performed plus allergy testing and treatment, x-rays, laboratory tests, and in-office surgery.	\$25 co-pay, 100% to \$200 per visit, then covered at 100% after deductible	Not Covered
Preventive Care (Includes screenings, counseling, immunizations, birth control and other preventive care services) <i>For additional information, see the Preventive Care Services section of the Plan Document or https://www.healthcare.gov/what-are-my-preventive-care-benefits/</i>	Covered at 100%	Not Covered

COVERED SERVICES	NETWORK	NON-NETWORK
Convenience Care Clinic <i>Charges must be on the same bill as the visit charges and incurred at the same time as the visit</i>	\$10 Copay, then covered at 100% up to \$100 per visit	
Urgent Care Clinic & Physician Services	Covered at 100% after deductible	Not Covered
Outpatient Diagnostic Testing, Laboratory, and/or Radiology Hospital and Freestanding Facility Excludes Emergency Room	\$15 co-pay, 100% to \$150 per visit, then covered at 100% after deductible	Not Covered
Emergency Room Hospital & Physician Services Emergency Services/Accidental Injury <i>No pre-authorization required for Emergency Services.</i>	\$75 co-pay, 100% to \$300 per visit, then covered at 100% after deductible	
Note: Emergency Services rendered for an Emergency Medical Condition by a Non-Network provider will be payable at the Network level of benefits if choice of Hospital was beyond the control of the plan participant.		
Hospital Service Inpatient/Outpatient Daily Room and Board limited to the charges up to the semi-private room rate, unless the hospital only has private rooms available, then it will be the private room rate. <i>Intensive Care Unit limited to the Hospital's ICU charge.</i>	Covered at 100% after deductible	Not Covered
Surgery ➤ Inpatient Hospital ➤ Outpatient Hospital ➤ Ambulatory Surgical Facility <i>(Includes surgeon, assistant surgeon and anesthesiologist services)</i>	Covered at 100% after deductible	Not Covered
Outpatient Physical Therapy Excludes Inpatient	Covered at 100% after deductible	Not Covered
Outpatient Occupational Therapy Excludes Inpatient	Covered at 100% after deductible	Not Covered
Outpatient Speech Therapy Excludes Inpatient	Covered at 100% after deductible	Not Covered
Maternity Services (Employee and Spouses Only)	Benefits will be the same as those stated under each covered services category.	
Outpatient Chemotherapy/Radiation/IV Therapy Hospital, Freestanding Facility or Physician's Office	Covered at 100% after deductible	Not Covered

COVERED SERVICES	NETWORK	NON-NETWORK
Mental Health/Substance Abuse	Benefits will be the same as those stated under each covered services category.	Not Covered.
Chiropractic Services Note: Maximum Benefit is \$500 per Calendar Year (deductible waived)	Covered at 50%	Not Covered
Dialysis Services	Covered at 100% after deductible	Not Covered
Organ/Marrow/Tissue Transplants	Covered at 100% after deductible	Not Covered
Vision Benefits Note: Allowed one vision exam per Calendar year (deductible waived)	Covered at 50% up to a maximum of \$50 per Calendar Year	
Brand Name Prescriptions Drugs	After the \$10,000 maximum benefit is reached, Plan Participant must pay for Brand Name prescriptions and file a claim with Entrust. Claims will be covered at 75% coinsurance (deductible waived)	
All Other Covered Services	Covered at 100% after deductible	Not Covered

PRESCRIPTION DRUG SERVICES

	30 Day Supply	90 Day Supply
Generic Drugs	\$10 Copay	\$30 Copay
Brand Name Drugs	30% Copay	30% Copay
Preventive Drugs and Contraceptives**	\$0 Copay	\$0 Copay

Brand Name Drugs- There is an annual maximum of \$10,000 for Brand Name Drugs per plan participant through the Prescription Care Program. Once the \$10,000 limit has been reached, Plan Participant must pay for Brand Name prescriptions and submit claims to Entrust. The claims submitted will be considered at 75% coinsurance (deductible waived)

Generic Drugs are Mandatory. If a Brand Name Drug is desired when a Generic Equivalent is available, the member will pay the Generic Copay plus the difference in price between the Generic and Brand Name Medication.

** No copay for generic preventive drugs and contraceptives only unless the generic version is deemed medically inappropriate by the prescribing physician.

Exclusions:

“Me-Too” Drugs - Chemically similar drugs that share the same mechanism of action to a less expensive existing approved chemical entity (i.e. Prilosec & Nexium).

Non-Essential - Medications in a dosage form that increased the cost for treatment, when other less expensive dosage forms are available (i.e. topical patches & creams).

Prescription Benefit Manager: Southern Scripts; Preferred (First Choice) Network does not include Walmart, Walgreens, Costco, Sams and some independent pharmacies, however; it does include pharmacies such as CVS, HEB, Target, Kroger and Rite Aid amongst many others.

EMPLOYEE MONTHLY COST TO PARTICIPATE - PLAN A

Employee Only	\$30.00
Employee & Dependent(s)	\$118.00

VALUE ADDED

SERVICES DESIGNED TO BRING GREATER VALUE TO BENEFITS

TELEHEALTH SERVICES

\$0 Co-Pay



Your Plan now offers the convenience of telehealth services from wherever you are with a nationwide network of board certified physicians. Healthiestyou's telemedicine services allow you to connect directly to physicians via phone, email, and video for consultations, simple diagnosis and prescriptions 24 hours per day. Expanded online services enable you to competitively shop the price of your medications, in addition to interfacing with a highly responsible mobile app. Contact Healthiest You to learn more about these convenient services or complete your health history online to streamline your health services for you and your family the next time you need basic care. www.healthiestyou.com
1-866-703-1259

EAP SERVICES



Interface EAP is an additional benefit provided to you by your Employer at no cost. It is completely confidential - no claims to file and no identifiable information to be shared. Even your claim administrator, Entrust, will not receive any information on your use of this benefit. Free Counseling Services, Legal Services, Financial Services, Online Work/Life and Wellness Resources
Under no other circumstances will Interface EAP release information about your case, or even verify contact with the service, to any other party. This includes spouses, other family members, or anyone from your employer.
www.4eap.com
1-800-324-4327

MEDICAL HELPLINE SERVICES



In an effort to increase benefits and assist you in your medical needs, we have 24 hour access to "Ask a Nurse" 7 days a week. Whether you have a serious emergency or would just like to have a medical professional's advice regarding your daily health care needs, just contact Medical Helpline. The best thing about it is the cost - It's FREE!
PRIOR AUTHORIZATION REVIEW
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1-877-463-3435

PPO NETWORK



The Christus Spohn Health Network offers a broad PPO Network of healthcare physicians for your Plan.
Contact Christus Spohn Health Network to learn more about this network or to find a participating provider.
www.christusspohnhealthnetwork.org
1-800-419-3461

FREQUENTLY ASKED QUESTIONS

IS MY COVERAGE PORTABLE?

Yes, COBRA is a federal law that enables you to continue coverage in the event of termination of employment or any other qualifying event. When purchasing COBRA coverage, your employer does not contribute towards the cost of coverage.

COBRA	PLAN A
Employee Only	\$614.47
Employee & Spouse	\$1,316.48
Employee & Child(ren)	\$1,316.48
Employee & Family	\$1,316.48

WHAT IS THE ACA?

This is the Affordable Care Act, also known as the Patient Protection and Affordable Care Act of 2010. This law was passed in March of 2010 and its major provisions, the individual mandate and the employer mandate, became effective in January 2014 and 2015, respectively.

WHAT IS THE HEALTH INSURANCE EXCHANGE?

The Health Insurance Exchange, also known as the Health Insurance Marketplace, is a way for individuals and families to shop multiple companies for health insurance on the internet or with phone assistance. For more information, see your employer's exchange notice.

HOW DO I RESEARCH THE QUALITY OF MY PROVIDERS?

There are many different websites that you may visit as a plan participant to see the quality of your providers. Below is a listing of just a few: The Leap Frog Group www.leapfroggroup.org, Health Grades www.healthgrades.com, MPIRICA www.mpirica.com and Vitals www.vitals.com

WHAT IF I DON'T ENROLL IN A HEALTH INSURANCE PLAN IN 2017? WHAT IS THE PENALTY?

If you don't have qualifying health coverage or an exemption in 2017, the IRS penalty will be 2.5% of your annual household income or \$695 per each adult and \$347.50 for each child, and whichever is higher. Your Plan satisfies the individual mandate. For more information, visit <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Calculating-the-Payment> or to find out what your penalty might be, go to: <http://www.taxpayeradvocate.irs.gov/estimator/isrp/>

WHAT IS THE MAXIMUM OUT OF POCKET ACCORDING TO THE AFFORDABLE CARE ACT?

The 2017 maximum out-of-pocket amount is \$7,150 for an individual and \$14,300 for a family. This includes amounts you spend on deductibles, coinsurance, and co-pays. This amount does not include the amount you pay for premiums, balance billed amounts, or services this plan does not cover. Your plan is designed not to exceed the maximum out-of-pocket.

DO I HAVE ACCESS TO AN ONLINE WEBSITE SO I CAN VIEW MY CLAIM ACTIVITY AND HAVE ACCESS TO MY PLAN DOCUMENT?

Yes, you have a claim dashboard available anytime 24/7 to privately access your claim activity, ID Cards and Plan Documents by going to www.enformed.com on any personal device.

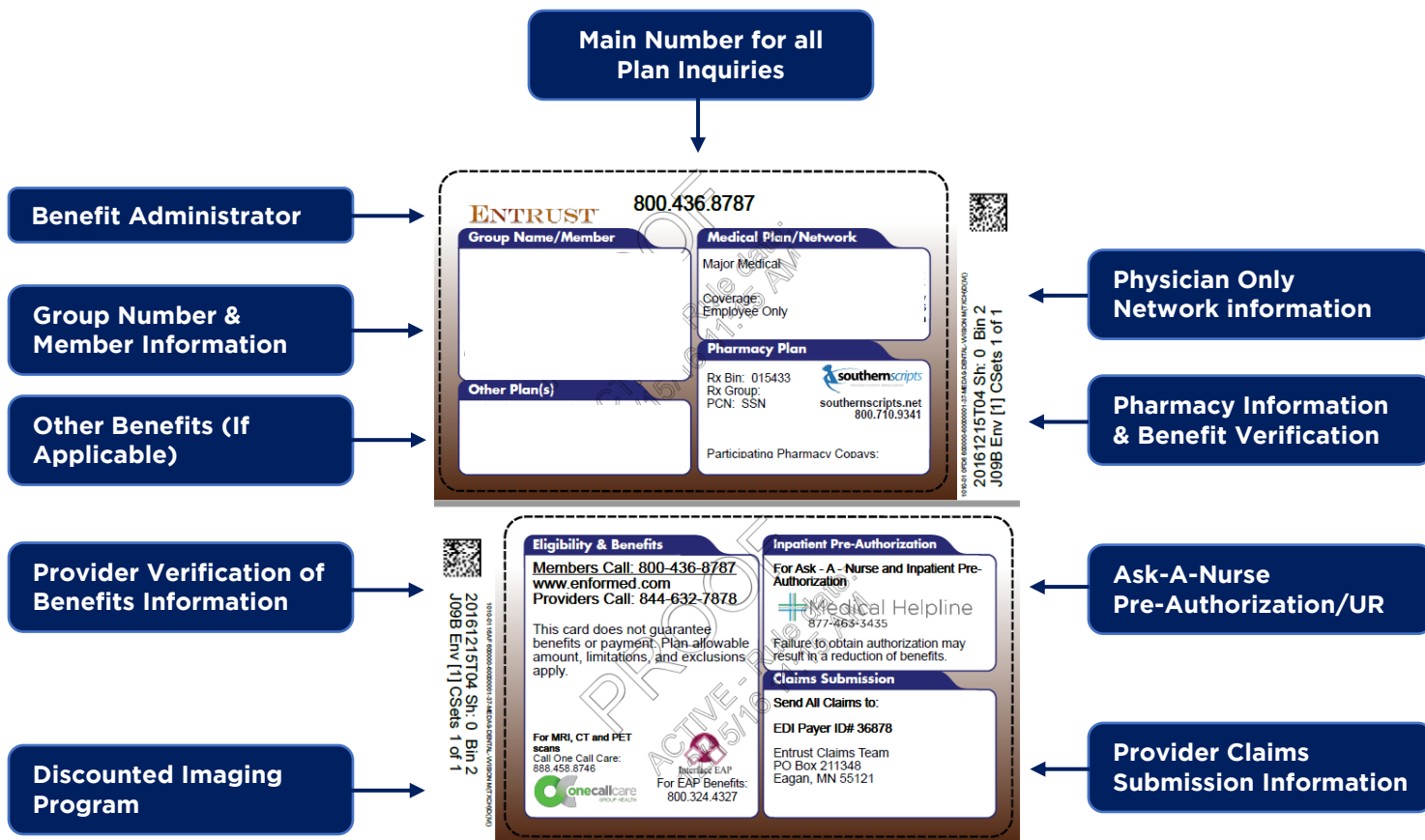
DOES THIS PLAN USE A NETWORK?

Christus Spohn Health Network will be your PPO Network. Utilizing the network offers our plan and its participants the contractual right to assign your benefit payments directly to the provider. For the Christus Spohn Health Network you may call customer service at (800) 419-3461 or look them up on the web at www.christusspohnhealthnetwork.org

BENEFIT ID CARD SAMPLE

- Your Plan ID card includes important information for your provider about accessing your benefits, payment terms and claims submitted on your behalf.
- When you receive your ID card, it is important to verify that your personal information is accurate. If there are any errors, please notify Entrust immediately at: (800) 436-8787 x2 or contact your Account Executive.
- Your social security number will not appear on your ID card, but may be used in submission of claims. In place of your social security number, you will be issued a unique member ID number. This serves to protect your personal health information even further while keeping you in compliance with HIPAA privacy provisions.
- Whenever seeking service, you should always show your ID card even with your current physicians or pharmacy. Since this ID card is new, make sure to give it to your provider at your next visit.
- Destroy your old cards immediately! These are no longer needed with your new benefit plan.
- Should you have any questions or concerns regarding your ID card (once received), or need additional cards for your dependents, please contact us directly at: (800) 436-8787 or contact your HR department.

BELOW IS A SAMPLE COPY OF THE ENTRUST BENEFIT ID CARD
ID CARD BELOW IS JUST A SAMPLE & NOT A REPRESENTATION OF YOUR PLANS ACTUAL ID CARD



AVAILABLE TO EMPLOYEES ENROLLED IN THE MEDICAL PLAN



SET UP YOUR ACCOUNT

Your Private Online Account -Available Information for You!

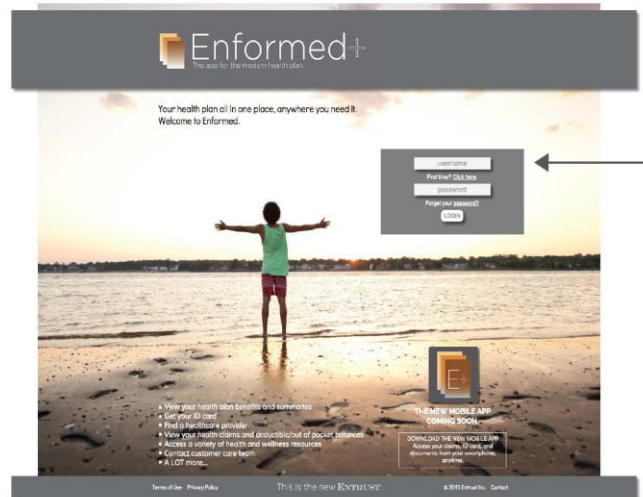
- Register and establish your account
- Download the Mobile App
- Print and View ID Cards
- Show copy of your ID Card on App
- Check your Claims
- See your Plan Document
- See your Coverage and Benefits
- Extra Plan Services
- Forms
- FAQs
- Ask a Question

To set up your account:

1. Go to www.enformed.com

NOTE: You must set up your account through the Enformed+ website (via desktop or mobile browser) before you can use the Enformed+ mobile app.

2. Click "First Time User" link.



INTRODUCING: THE ENFORMED+ MOBILE APP

Once you have set up your account be sure to download the free **ENFORMED+ MOBILE APP** for your smartphone. The new app gives you access to claims, accumulators, and a personalized ID card with a quick email feature for your convenience.

To download the free app:



Go to the Apple App Store or Google Play. Search "enformed+", then download.

Then open the app and log in!



Welcome to your personalized PLAN DASHBOARD!



You are currently logged in as **JOHN DOE**
Messages | Profile | Logout

Home Coverage & Benefits Claims Plan Documents & Forms Extra Plan Services Tools Contact Us FAQs

Welcome

Coverage Summary

Name: **JOHN DOE** DOB: **01/01/2000**
 Current Effective Date: **3/1/2012** Termination Date: **3/1/2016**
 Coverage Status: **Active** Group Number: **#000000**

[View all Coverage & Benefits](#)

Dependents

JANE DOE	View Eligibility
JOHN DOE, JR.	View Eligibility
JANE DOE, JR.	View Eligibility

Quick Links

- [Print ID Card](#)
- [Ask a Question](#)
- [Access Authorization](#)
- [Frequently Asked Questions](#)

Recent Claims

Claim Number	Service Date	Provider
#00001	01-01-2014	Dr. Smith, MD
#00002	02-01-2014	Dr. Smith, MD
#00003	02-14-2014	Dr. Smith, MD
#00004	03-15-2014	Dr. Smith, MD

Contact Your Plan

For questions or comments you can contact:
 Customer Care Team (800) 436-8787
 Medical Helpline (877) 463-3435



Your healthcare just got a whole lot easier!



Download the App Today!



Along With Our Amazing App, HealthiestYou Offers:



24x7 UNLIMITED DOCTOR ACCESS

Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



LOCATE PROVIDERS

Need to search for a doctor, dentist, or other provider? Our app knows best and will easily lead you through the process. You can even research your doctor first!



PRESCRIPTION SAVINGS

Need a prescription? Our geo-based prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.



HEALTH MANAGEMENT CONTENT

Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.



SHOP & PRICE PROCEDURES

Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price procedures in your direct area. Happy shopping!



SYNC YOUR MEDICAL BENEFITS

Our app provides you a one stop shop to view your medical plan deductible in real time. Easily shop and book in-network and out-of-network providers for medical, dental, vision, and specialists.

Connect with a Doctor 24x7 to
Diagnose, Treat & Prescribe FOR FREE!

866.703.1259

Set up your account on our member
portal online at

member.healthiestyou.com

Getting the Most out of Your Pharmacy Benefits

Southern Scripts is your pharmacy benefit manager offering you multiple ways to save on your prescription drugs. Check your plan for pharmacy cost-share information.



**SAVE
60-75%**

when you request generic medication over brand name drugs. Look for a **firstchoice** Pharmacy for cost savings:
www.southernscripts.net/members.php



After your plan effective date, register at www.southernscripts.net/members.php to manage your pharmacy plan online – you'll have instant access to your benefits, price-check tools, and more.



Live Customer Service: 1.800.710.9341
 Weekdays: 7am - 8pm (CST), Plus 24/7 Emergency Service
southernscripts.net/members

firstchoice and Retail:

Present your member ID card when filling a prescription at any major retail chain or independent pharmacy across the country. If your pharmacy is not yet in Southern Scripts' network, have your pharmacist call the number on your ID card to enroll. Check out our pharmacy locator tool to find a pharmacy: www.southernscripts.net/members.php

Mail-Order:

Southern Scripts partners with **DRUGSOURCE, INC.** Call toll-free 1.800.854.8764 TTY/TDD: 711 to get started in transitioning your medications. Customer Service Hours: 8:30am-10pm CST Monday through Friday. Also, to get connected to online access to Drug Source, go to: www.southernscripts.net/mail-order.php for online access.

Specialty Pharmacy:

Certain medications used to treat serious or complex health conditions are provided by top quality specialty pharmacies. Use the pharmacy locator tool at www.southernscripts.net/members.php to find specialty pharmacies in your area, or call Southern Scripts to find the right option for you. Certain eligible specialty medications may qualify for additional variable copay savings. For assistance in finding a specialty pharmacy and next steps to transition specialty medications, please contact our customer service team @ 1.800.710.9341.

Pharmacy Locator	
Zip Code:	<input type="text"/>
Bin:	<input type="text" value="015433"/>
Group Code:	<input type="text"/>
Search Results:	<input type="text" value="15"/> 

ENTRUSTSM

Health. Planned.

22322 Grand Corner Dr., Ste. 200
Katy, TX 77494
In Corpus Christi: (361) 814-7878
In Houston: (281) 368-7878
Toll Free: (800) 436-8787