Centura Health

2019 – 2020

Centura Value Plan Medical Benefits

An overview of the Centura Value Plan (CVP) benefits offered to you as a Centura Health associate residing in Colorado, Kansas, or within certain zip codes in New Mexico (87401, 87402, 87410, 87413, 87415 and 87418).

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This guide is intended to provide you with a general overview of your medical plan benefits. While this guide should answer most of your questions, it does not provide all the details of the plan. For plan details please refer to the Summary Plan Description. Any information in this guide may be subject to change. Contact the Centura Health Benefits Service Center at 1-888-622-1111 if you have questions about the benefits described in this guide.

2019 – 2020 Centura Value Plan

Eligibility

Full-time and part-time associates budgeted to work at least 20 hours per week are eligible to participate in Centura Health's benefit plans. To enroll in the CVP, you must be a resident of Colorado or Kansas, or within specific zip codes in New Mexico. Non-benefit eligible associates, who on average worked 30 hours or more per week based on the Affordable Care Act (ACA) look-back period guidelines, are eligible to participate in the medical, dental and vision benefit plans.

A married couple working for this company may not receive duplicate coverage and cannot provide duplicate coverage to any shared dependent children. An associate's dependent child who works for this company may not receive duplicate coverage.

You may enroll your eligible dependents if you are also covered under the plan.

Eligible dependents include:

- Your spouse, including your common-law spouse. Spouse is limited to those individuals married to an associate either through a civil/religious marriage or a common-law marriage recognized under Colorado law.
- Your civil union partner as recognized under Colorado law.
- Your child from birth, stepchild or legally adopted child, or child of whom you have legal custody (from moment of placement in the home) until, in each case, the end of the month in which the child attains age 26.
- Your child over age 26 who is:
  - Mentally or physically disabled and unable to earn his or her own living

and is dependent on you for a majority of support. Proof of incapacity must be provided to United Healthcare within 30 days of the date the child's coverage would have ended due to age. The child must be covered under the plan on the date just prior to the day coverage would have ended due to age, except during an open enrollment period.

Out-of-area dependents

Dependents of CVP members must see a network provider to receive coverage, and most services must be received at a Centura Health facility (the only exception is emergency room services). If you have dependents living outside of Colorado, the UnitedHealthcare HRA and HSA Plans may be better options for you. If you have questions, please contact the Benefits Service Center at 1-888-622-1111.

The Centura Value Plan optimizes your care

The Centura Value Plan (CVP) is a unique class of insurance featuring Colorado Health Neighborhoods (CHN). This value-based health plan promotes improved continuity of care, better health outcomes and clinical excellence. By making the plan exclusive to Centura Health facilities, providers, joint ventures and partners, we can be sure you are receiving the quality, cost-effective services that achieve improved health outcomes.

Offered through UnitedHealthcare, the CVP is a medical plan that provides low and predictable out-of-pocket costs structured around fixed co-pays for all services. There is no deductible to meet with this plan, and, if you meet the plan-year out-of-pocket maximum, Centura Health pays 100 percent of covered expenses for the remainder of the plan year.

This guide provides a quick overview of this benefit option, along with many practical tips for taking advantage of everything the CVP has to offer, so you can take control of your health and well-being.

Network Benefits

There are no out-of-network benefits for covered services, except for emergency care. To locate in-network providers and facilities, visit www.welcometouhc.com/centura. For Kansas associates, please visit www.welcometouch.com/centura/ooa.

Use your Primary Care Provider (PCP)

Centura Health recognizes the value of having a primary care physician, and encourages you to find a PCP that you can partner with to focus on your health. By accessing care from a PCP, they can be your champion for health and will assist you in making decisions when accessing care.

Under this plan, you must receive care from a network provider. You do not need to elect a PCP.

Pick your specialist

Under the CVP, you can see any doctor or specialist without needing a referral from a primary care doctor. You must see a network provider to receive coverage.

Choose your treatment

In most cases, your doctor does not need to notify or get approval from UnitedHealthcare before providing treatment or services that are covered under your plan. However, certain procedures do require advance notification from UnitedHealthcare. Online lists of procedures requiring advance notification are available on myuhc.com or by calling UnitedHealthcare at 1-866-234-8908.

Stay well

Take advantage of your preventive care benefits. The CVP pays routine preventive care coverage from day one. There is no out-of-pocket cost to you. Some examples of preventive care are routine physicals, mammograms, annual adult health checkups, child immunizations and well-child checkups.

Use any Centura Health hospital

You have your choice of facilities in the Centura Health network. There is no out-of-network coverage except for emergency care.

Centura Health Virtual Care

Available 24/7, Centura Health Virtual Care offers immediate access to board-certified physicians via computer, phone or mobile device with an internet connection and may be used anytime you have a non-emergency medical condition, are unable to see your primary care physician or whenever you need convenient care. Centura Health Virtual Care also provides behavioral health services. Simply log in, choose a psychiatrist or therapist and schedule an appointment.

Under the CVP, there is a $20 copay required at the time you seek care. If you are enrolled in a health care FSA, you may use your FSA card to pay this fee. This fee will be part of your annual out-of-pocket maximum. Payment is required up-front.

To create an account, make an appointment or for more information, visit centuravirtualcare.org or call 1-800-449-8476. You may also download the Centura Health Virtual Care app from the iTunes store and the Google Play store.

How to find a network health care provider

- Call CenturaConnect at 1-888-776-0414.
- You may also search in-network providers and facilities at www.welcometouhc.com/centura.
- For Kansas associates, please visit www.welcometouch.com/centura/ooa.

Administrative information

Plan year

The plan year for the Centura Health Plan is July 1 through June 30.

Plan administrator & sponsor

Centura Health
Associate Benefits
9100 E. Mineral Circle
Centennial, CO 80112

When coverage begins

If you enroll in a Centura Health Plan during open enrollment, your coverage will begin on July 1, 2019. As a new hire, your coverage will begin on the first day of the month after 30 days of active employment.

Acquisitions and mergers

Coverage begins as defined by the agreement for individuals who become Centura Health associates by means of an acquisition or merger.

When coverage ends

Your coverage under the Centura Health Plan will end on the last day of the month in which your employment terminates. Coverage under this plan will continue for up to six months after an associate begins an active military leave.

Care coordination—notification

Notification ensures that you receive medical care in the most cost-effective and appropriate way possible. UnitedHealthcare works with you and your participating provider to evaluate the medical necessity of health care services and some prescription drugs, to make sure it is appropriate.

The following services listed require you to call the Care Coordination staff for notification. Call: UHC 1-866-234-8908, Notification Option.

- Acupuncture Services
- Ambulance – non-emergency
- Clinical Trials
- Dental Services – Accident only
- Durable Medical Equipment ($1,000 or more)
- Emergency Health Services
- Genetic Testing
- Home Health Care
- Hospice Care
- Hospital — Inpatient Stay
- Infertility
- Maternity Services
- Outpatient Surgery, Diagnostic and Therapeutic Services
- Reconstructive Procedures
- Rehabilitation Services — Outpatient Therapy
- Skilled Nursing Facility / Inpatient Rehabilitation Facility Services
- Transplantation Services
- MRI, PET & CAT Scan **Centura has opted In to the UnitedHealthcare provider radiology notification program. Providers must notify UnitedHealthcare of a radiology service.*

Filing a claim

In-network care

You do not need to file a claim when you receive care through a UnitedHealthcare participating provider. Your participating provider will do this for you.

Out-of-network care

Out-of-network care is only considered if you receive emergency care outside of the CVP service area. You may have to file a claim before any benefits will be paid. Follow these steps if the out-of-network provider does not file a claim for you:

- Request a claim form from UnitedHealthcare as soon as possible following the visit by calling 1-866-234-8908.
- You can also download a UnitedHealthcare claim form on www.myuhc.com
- Complete and sign the form. Return the completed form and original bills to UnitedHealthcare within 90 days after the charges are made.
- Receive payment. UnitedHealthcare will send payment to the appropriate parties (you and/or the provider.)

Your benefits

The following pages will summarize key Centura Health Plan provisions. This is only a general overview of the medical insurance. For more detailed information regarding your benefit plans, please review the Summary Plan Description located on My Virtual Workplace. Should there be an inconsistency with any communications regarding these plans, the actual Summary Plan Description will govern. Any information contained herein may be subject to change.

Terms you need to know

The structure of Centura Value Plan creates some slight variations in the meanings of some traditional insurance terms. Please read the definitions below to become familiar with what these words mean for the CVP.

Copayment
A fixed dollar amount that you may pay for certain covered health services. Typically, your copay is due up front at the time of service. For example, office visits and prescription drugs.

Out-of-pocket maximum
This is the maximum amount out-of-pocket you pay, including your deductible, coinsurance and prescription copays. No person will ever pay more than $3,500. The maximum for two-party coverage is $7,000 and the family maximum is $10,500. If you reach the out-of-pocket maximum, Centura Health pays 100 percent of all other allowable charges incurred during the plan year, including prescriptions.

Premium
The amount you pay out of your paycheck to be enrolled in the CVP.

Prescription benefits

Centura Health and ClearScript are working together to offer you and your family convenient access to prescription medications, with outstanding service and the ability to improve health outcomes. Through this pharmacy benefit, associates and their family members have access to our Centura Health–owned pharmacies, a national network of retail pharmacies, and specialty and mail-order pharmacies.

CVP plan participants, if filling prescriptions through a Centura Health-owned pharmacy or 90-day mail service, will continue to be responsible for a copayment. For specialty medications, associates will pay 10 percent coinsurance ($100 maximum for generic/preferred brands; $200 for non-preferred brands). These costs will apply toward out-of- pocket maximums in accordance with tier and plan.

You will receive a pharmacy ID card with the Centura Health logo on it. This card will be used separate from your UnitedHealthcare Medical Plan card, do not discard it.

The Centura Health Formulary is divided into “tiers” that determine how much you pay for your medications. Drug copayments are listed in the chart below.

Centura Health offers you and your eligible dependents convenient access to a wide selection of generic and brand medications on their formulary. To find out if a medication you are prescribed is included on the formulary list, create an account/log in at www.clearscript.org/CenturaHealth or call 1-844-201-4948 for the most current Centura Health formulary information. The formulary list is subject to change throughout the year.

Centura Health’s pharmacies

While most prescriptions can be filled at a retail pharmacy, it is more cost effective to purchase maintenance medications through a Centura Health pharmacy or via mail order. In both cases, you can purchase a 90-day supply for two copays, instead of three. Many of our hospital campuses have Centura Health pharmacies on site that also make deliveries to locations throughout our system. Please refer to the Pharmacy Reference Guide or the benefits intranet site for more information and locations.

CVP PLAN SUMMARY OF BENEFITS				
	Retail		Specialty	Mail Order
	Centura Health Pharmacy	ClearScript Network Pharmacy	Centura Health Pharmacy	90-Day Supply
	30/90-Day Supply	30/90-Day Supply Only		
Generic (Tiers 1 & 2)	$10/$25	$20/$60	10% ($100 max)	$25
Preferred Brand	$30/$75	$50/$150	10% ($100 max)	$75
Non-Preferred Brand	$60/$150	$80/$240	10% ($200 max)	$150

The Centura Value Plan is easy to use — the rest is up to you!

Take advantage of your preventive care coverage

Centura Health covers 100% of preventive care coverage. You and your family can stay healthy or detect problems early with routine physicals, regular screenings and immunizations.

Be prepared when you make, and arrive for, medical appointments

Have your UnitedHealthcare medical ID card handy. Your doctor's staff may ask for your plan information, subscriber and group numbers when you call and copy your card when you arrive for your appointment. You also may want to bring a few prepared questions for your doctor to get the most from your visit.

Buy generic drugs whenever possible

When you need a prescription, ask your doctor if a generic equivalent is available. A generic medication has the same active ingredients as a brand name drug and, in most cases, you'll pay less.

See your primary care doctor before going to a specialist

Your PCP may be able to resolve the issue at a much lower cost to you.

Try to work toward the healthiest lifestyle possible

Change can take time, but the rewards can be wonderful. There are dozens of small things that can add up to significant changes that can improve your health and your ability to enjoy life. Set small goals and work with your health care providers, family and friends to accomplish them.

Free Health and Disease Management Programs

Numerous programs are available to you and your family to give you the support and tools you need to maintain good health, have a healthy pregnancy, or manage a chronic health condition.

To find out more about what's available, visit http://codeyoucentura.org.

You may also call UnitedHealthcare at 1-866-234-8908.

Take advantage of everything myuhc.com® has to offer

This includes advice, claims history, account information and tools to help you manage your health care dollars.

Myuhc.com gives you easy access to health and medical information, as well as personalized benefit claims and account information. You'll also find great tools to help you make informed, economical and healthful decisions.

Finding fast answers on myuhc.com

You can:

- Verify eligibility or copayments
- Confirm that a claim is in process or was paid
- Verify what is covered by your benefits
- Order a replacement ID card
- Research the cost of a medical treatment
- Learn more about your coverage
- Find which treatments the experts recommend

Got a question?

If you need an answer or want more information about your benefits, help is on the way:

- Call the Benefits Service Center toll-free at 1-888-622-1111.
- E-mail the Benefits Service Center at benefits@centura.org.
- Review the Summary Plan Descriptions on My Virtual Workplace, Human Resources site for more detailed information.

Centura Value Plan Summary

CVP fundamentals

Deductible	
Associate Only	$0
Associate + One	$0
Associate + Two or More	$0
Out-of-pocket maximum (includes medical and prescription copays)	
Associate Only	$3,500
Associate + One	$7,000 *($3,500 per person)*
Associate + Two or More	$10,500 *($3,500 max. per person)*
Life-time maximum	None
Pre-existing conditions	None

Preventive care benefit: CVP

Preventive medical care	
Example: Routine man and woman well-exam, baby/well-child, routine mammogram	100% covered per participant

Prescription benefit: Centura Health / ClearScript

Retail 30-day prescription drugs	
Tiers 1-4 (Traditional/Preferred/Non-Preferred brands)	Centura Health Pharmacy: $10/30/60* ClearScript: $20/50/80
Tiers 5-7 (Specialty Generic/Specialty Non-Preferred brands)	Centura Health Pharmacy: 10% ($100 max)/10% ($200 max)
**See chart on page 5 for complete copay information*	
Mail order Rx & Centura retail pharmacies (2 copays for a 90-day supply)	$25/75/150

Medical services: CVP	You pay
Office visit Services	
Primary Care Physician (PCP) office visits	$20 copay
Specialist office visits	$40 copay
Centura Health Virtual Care (powered by MDLIVE)	$20 copay
Hospital and emergency services	
Inpatient or Outpatient Services *(Centura Health facilities only)*	$0 copay
Emergency care	$1,000 copay
Ambulance *(Ground and air)*	$200 copay
Urgent care	$75 copay
Home health care	$0 copay
Hospice care	$0 copay

Medical services: CVP	You pay
Therapies *(Centura facilities only)*	
Physical, occupational or speech	$40 copay
Cardiac rehabilitation	$40 copay
Pulmonary rehabilitation	$40 copay
Durable medical equipment or prosthetics	$40 copay
Maternity	
Initial visit	$40 copay
After initial visit	$0 copay
Nutritional services *(certain conditions apply)*	$0 copay
Other health care services	
Acupuncture	$40 copay
Chiropractic services	$40 copay
Hearing exam *(diagnostic injury or illness)*	$40 copay
Lab and X-Ray *(MRI, PET and CT scans must be performed at a Centura Health facility)*	$0 copay
Mammography testing	$0 copay
Skilled nursing/Inpatient rehabilitation *(Centura Health facilities only)*	$0 copay
Reconstructive procedures	
Medically necessary	$0 copay
Transplantation services	
Specific Centura Health facilities must be utilized	$0 copay
Bone marrow/Stem cell search	$25,000 maximum benefit
Transportation and lodging	$50 for one person / $100 for two people, up to $10,000 Lifetime
Roux-en-Y, Lap band and Sleeve gastrectomy bariatric surgery *Penrose-St. Francis Hospital, Parker Adventist Hospital, and St. Thomas More Hospital only*	$0 copay

Mental health and substance abuse services: United Behavioral Health*

**All inpatient mental health and substance abuse services must be pre-authorized, call 1-877-384-2266.*

Mental health services	
Inpatient	$0 copay
Partial hospitalization	$0 copay
Outpatient visit	$20 copay
Centura Health Virtual Care behavioral health services	$20 Copay
Substance abuse	
Inpatient	$0 copay
Inpatient detoxification	$0 copay
Partial hospitalization	$0 copay
Outpatient detoxification	$0 copay
Intensive outpatient program	$0 copay

Centura Value Plan examples[1]

Services	Copay
Routine Physical	$0
PCP Office Visit	$20
Specialist Office Visit	$40
Cast & Minor Surgery	$0

[1] For illustrative purposes, it is assumed that claims are processed by UnitedHealthcare in the order in which services are listed.

Single Example

Out-of-pocket maximum: $3,500

Total cost of medical services: $2,490

Centura Value Plan paid: $2,430

Total amount you paid: $60

Services	Cost	Amount you pay	Centura Value Plan benefit
Associate			
Routine Physical	$230	$0	$230
PCP Office Visit	$120	$20	$100
Specialist Office Visit	$140	$40	$100
Cast & Minor Surgery	$2,000	$0	$2,000
Totals	$2,490	$60	$2,430

Two Party Example

Out-of-pocket maximum: $7,000 *($3,500 per person max)*

Total cost of medical services: $2,380

Centura Value Plan paid: $2,260

Total amount you paid: $120

Services	Cost	Amount you pay	Centura Value Plan benefit
Associate			
Routine Physical	$210	$0	$210
PCP Office Visit	$120	$20	$100
Specialist Office Visit	$140	$40	$100
Dependent			
Routine Physical	$250	$0	$250
PCP Office Visit	$120	$20	$100
Outpatient Surgery	$1,400	$0	$1,400
Specialist Office Visit	$140	$40	$100
Totals	$2,380	$120	$2,260

Centura Value Plan examples[1]

Family Example

Out-of-pocket maximum: $10,500 ($3,500 per person max)

Total cost of medical services: $29,995

Centura Value Plan paid: $29,795

Total amount you paid: $200

Services	Cost	Amount you pay	Centura Value Plan benefit
Associate			
Routine Physical	$250	$0	$250
Specialist In-Office Procedure	$500	$40	$460
Spouse			
Routine Physical	$250	$0	$250
PCP Office Visit	$120	$20	$100
Outpatient Surgery	$1,600	$0	$1,600
Specialist Office Visit	$150	$40	$110
Dependent			
Well-Child Check-Up	$175	$0	$175
Specialist Office Visit	$140	$40	$100
Dependent			
Well-Child Check-Up	$175	$0	$175
PCP Office Visit	$120	$20	$100
Outpatient Surgery	$1,200	$0	$1,200
Dependent			
Well-Child Check-Up	$175	$0	$175
Specialist Office Visit	$140	$40	$100
Inpatient Surgery	$25,000	$0	$25,000
Totals	$29,995	$200	$29,795

General plan limitations

We will not pay benefits for any of the services, treatments, items, or supplies described in this section, even if either of the following is true:

- It is recommended or prescribed by a Physician.
- It is the only available treatment for your condition.

Alternative treatments

1. Acupressure
2. Aroma therapy
3. Hypnotism
4. Massage Therapy
5. Rolfing
6. Other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health

Comfort or convenience

1. Television
2. Telephone
3. Beauty/Barber service
4. Guest service
5. Supplies, equipment, and similar incidental services and supplies for personal comfort. Examples include:
    - Air conditioner
    - Air purifiers and filters
    - Batteries
    - Battery chargers
    - Dehumidifier
    - Humidifiers
6. Home remodeling to accommodate a health need (such as, but not limited to, ramps and swimming pools.)

Dental

1. Dental care except as described in the Summary Plan Description, *(Section 1: What's Covered – Benefits)* under the heading Dental Services — Accident Only.
2. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. *Examples include all of the following:*
    - Extraction, restoration, and replacement of teeth
    - Medical or surgical treatments of dental conditions
    - Services to improve dental clinical outcomes
3. Dental implants
4. Dental braces
5. Dental x-rays, supplies, and appliances and all associated expenses, including hospitalization and anesthesia. *The only exceptions to this are for any of the following:*
    - Transplant preparation
    - Initiation of immunosuppressives
    - The direct treatment of acute traumatic injury, cancer or cleft palate
6. Treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly.

Experimental or investigational services or unproven services

Experimental or investigational services and unproven services are excluded. The fact that an experimental or investigational service or an unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in benefits if the procedure is considered to be experimental or investigational or unproven in the treatment of that particular condition.

Foot care

1. Except when needed for severe systemic disease: Routine foot care (including the cutting or removal of corns and calluses.) Nail trimming, cutting, or debriding.
2. Hygienic and preventive maintenance foot care. *Examples include the following:*
    - Cleaning and soaking the feet
    - Applying skin creams to maintain skin tone
    - Other services that are performed when there is not a localized illness, injury or symptom involving the foot
3. Treatment of flat feet
4. Treatment of subluxation of the foot
5. Shoe orthotics

Medical supplies and appliances

1. Devices used specifically as safety items or to affect performance in sports-related activities.
2. Prescribed or non-prescribed medical supplies and disposable supplies. *Examples include:*
    - Elastic stockings (Job stockings are not excluded)
    - Ace bandages
    - Gauze and dressings
    - Syringes
3. Orthotic appliances that straighten or re-shape a body part (including some types of braces)
4. Tubing, nasal cannulas, connectors and masks are not covered except when used with Durable Medical Equipment*(see Summary Plan Description)*

Nutrition

1. Megavitamin and nutrition based therapy.
2. Except as described in the Summary Plan Description *(Section 1: What's Covered — Benefits)* under Nutritional Counseling, nutritional counseling for either individuals or groups, including weight loss programs, health clubs, and spa programs.
3. Enteral feedings and other nutritional and electrolyte supplements, including infant formula, donor breast milk, nutritional supplements, dietary supplements, electrolyte supplements, diets for weight control or treatment of obesity (including liquid diets or food), food of any kind (diabetic, low fat, cholesterol), oral vitamins, and oral minerals except when sole source of nutrition.

Physical appearance

1. Cosmetic Procedures. See the definition in the Summary Plan Description *(Section 10: Glossary of Defined Terms.) Examples include:*
    - Pharmacological regimens, nutritional procedures, or treatments.
    - Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures.)
    - Skin abrasion procedures performed as a treatment for acne.
2. Replacement of an existing breast implant if the earlier breast implant was performed as a cosmetic procedure. Note: *Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy.*
3. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation.
4. Weight loss programs, whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded.

Providers

1. Services performed by a provider who is a family member by birth or marriage, including spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself.
2. Services performed by a provider with your same legal residence.
3. Services provided at a free-standing or hospital-based diagnostic facility without an order written by a physician or other provider. Services that are self-directed to a free-standing or hospital-based diagnostic facility. Services ordered by a physician or other provider who is an associate or representative of a free-standing or hospital-based diagnostic facility, when that physician or other provider:
    - Has not been actively involved in your medical care prior to ordering the service, or
    - Is not actively involved in your medical care after the service is received.

    This exclusion does not apply to mammography testing.

Reproduction

1. Surrogate parenting.
2. The reversal of voluntary sterilization.
3. Fees or direct payment to a donor for sperm or ovum donations.
4. Monthly fees for maintenance and/ or storage of frozen embryos.
5. Health services and associated expenses for abortion.
6. Fetal reduction surgery.
7. Health services associated with the use of non-surgical or drug-induced pregnancy termination.

Services provided under another plan

1. Health services for which other coverage is required by

federal, state or local law to be purchased or provided through other arrangements.
This includes, but is not limited to, coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elected for you, benefits will not be paid for any injury, sickness or mental illness that would have been covered under workers' compensation or similar legislation had that coverage been elected.

2. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you.
3. Health services while on active military duty.

Transplants

1. Health services for organ and tissue transplants, except those described in the Summary Plan Description.
2. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs for removal are payable for a transplant through the organ recipient's benefits under the plan.)
3. Health services for transplants involving mechanical or animal organs.
4. Any multiple organ transplant not listed as a covered health service under the heading Transplantation Health Services in the Summary Plan Description.

Travel

1. Health services provided in a foreign country, unless required as Emergency Health Services.
2. Travel or transportation expenses, even though prescribed by a physician. Some travel expenses related to covered services rendered at United Resource Networks participating programs or Designated Facilities may be reimbursed at our discretion.

Vision and hearing

1. Purchase cost of eye glasses or contact lenses, (charges are covered for eyeglasses that are a result of cataract surgery.)
2. Fitting charge for eye glasses or contact lenses.
3. Eye exercise therapy.
4. Surgery that is intended to allow you to see better without glasses or other vision correction including radial keratotomy, laser, and other refractive eye surgery.

All other exclusions

1. Health services and supplies that do not meet the definition of a Covered Health Service *(see the definition in the Summary Plan Description Section 10: Glossary of Defined Terms.)*
2. Physical, psychiatric or psychological exam, testing, vaccinations, immunizations, or treatments that are otherwise covered under the Plan when:
   - Required solely for purposes of career, education, sports or camp, travel, employment, insurance, marriage or adoption.
   - Related to judicial or administrative proceedings or order.
   - Conducted for purposes of medical research.
   - Required to obtain or maintain a license of any type.
3. Health services received because of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
4. Health services received after the date your coverage under the Plan ends, including health services for medical conditions arising before the date your coverage under the Plan ends.
5. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan.
6. Charges in excess of eligible expenses or in excess of any specified limitation.

7. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), when the services are considered to be medical or dental in nature, including oral appliances.
8. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury or cancer. Jaw alignment and treatment for the temporomandibular joint, except as a treatment of obstructive sleep apnea. Orthognathic jawbone surgery is a covered service.
9. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from injury, stroke, or a congenital anomaly.
10. Non-surgical treatment of obesity, including morbid obesity.
11. Surgical treatment of obesity, except Roux-en-Y, Lap band and Sleeve gastrectomy bariatric surgery at Penrose-St. Francis Hospital or Parker Adventist Hospital.
12. Custodial Care.
13. Domiciliary care.
14. Private duty nursing.
15. Respite care.
16. Rest cures.
17. Psychosurgery.
18. Treatment of benign gynecomastia (abnormal breast enlargement in males).
19. Medical and surgical treatment of excessive sweating (hyperhidrosis).
20. Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea.
21. Appliances for snoring.
22. Any charges for missed appointments, room or facility reservations, completion of claim forms or record processing.
23. Any charges higher than the actual charge. The actual charge is defined as the provider's lowest routine charge for the service, supply or equipment.
24. Any charge for services, supplies or equipment advertised by the provider as free.
25. Any charges by a provider sanctioned under a federal program for reason of fraud, abuse or medical competency.
26. Any charges prohibited by federal anti-kickback or self-referral statutes.
27. Any additional charges submitted after payment has been made and your account balance is zero.
28. Any outpatient facility charge in excess of payable amounts under Medicare.
29. Any charges by a resident in a teaching Hospital where a faculty Physician did not supervise services.
30. Outpatient rehabilitation services, spinal treatment or supplies including, but not limited to spinal manipulations by a chiropractor or other doctor, for the treatment of a condition which ceases to be therapeutic treatment and is instead administered to maintain a level of functioning or to prevent a medical problem from occurring or reoccurring.
31. Spinal treatment, including chiropractic and osteopathic manipulative treatment, to treat an illness, such as asthma or allergies.
32. Speech therapy to treat stuttering, stammering, or other articulation disorders.
33. Liposuction.
34. Chelation therapy, except to treat heavy metal positioning
35. Cosmetic or reconstructive surgery (except as specified above.)
36. Personal trainer.
37. Naturalist.
38. Holistic or homeopathic care.
39. Pulmonary rehabilitation therapy.

Claims and appeals

If any claim for benefits is denied, you will be given the reason for denial in writing usually within 30 days after the receipt of the claim by UnitedHealthcare. The Claims Administrator will notify you within this 30-day period if additional information is needed to process the claim. You may request a one-time extension within 15 days and pend your claim until all information is received.

Once notified of the extension you then have 45 days to provide this information. If you don't provide the needed information within the 45-day period, your claim will be denied. If you provide the information within the 45-day extension, a decision will be made within 15 days after the information is received.

For more information about the claims and appeals process, call UnitedHealthcare directly at 1-866-234-8908.

Claims submittal:

UnitedHealthcare Insurance Company
P.O. Box 30555
Salt Lake City, Utah 84130-0555

Requests for review of denied claims & notice of complaints:

UnitedHealthcare Insurance Company
P.O. Box 30432
Salt Lake City, Utah 84130-0432

Pharmacy appeals

If you have a concern about a benefit decision, you can contact our Member Service Center at 1-844-201-4948 (24 hours a day, 7 days a week) to discuss this issue with a Client Service Representative. If your concern is not resolved, you have the right to file an appeal. Please refer to your Summary Plan Document for information on your Rights of Appeal, how to file an appeal, the appeal process and the appeals levels available to you.

If you decide to file an appeal, you will be asked to provide written information to support your claim. The appeal will be reviewed by different individuals than those who made the original decision.

You can file an appeal by sending a written request to:

ClearScript Clinical Review
2550 University Ave. West, Suite 320N
St. Paul, MN 55114
Fax: 844-857-7374

Coordination of benefits

If you and your dependents have coverage under another medical plan (such as your spouse's employer's plan), benefits are coordinated between the two plans. The primary plan pays your benefits first. Then the secondary plan pays any additional benefits that may be due.

For you

The Centura Health Plan is always considered primary for you, the associate. If you are also covered as a dependent on your spouse's plan, that plan will be secondary. If the other plan does not have a coordination of benefits provision, that plan will always pay first.

For your spouse

If your spouse is covered under his or her employer's plan, that plan will be considered primary for your spouse, and the Centura Health Plan will be secondary. The Centura Health Plan will pay expenses not paid by the primary plan, up to the amount that would have been payable under the terms of the Centura Health Plan had it been the primary plan.

If the other plan does not have a coordination of benefits provision, that plan will always pay first. If none of the circumstances already described apply, the plan that has covered your spouse for a longer period of time will pay first.

Example

Suppose your spouse incurs $1,000 in medical expenses and his or her plan pays $500. If the Centura Health Plan would have paid $650 as the primary, it will consider paying up to $150 ($650 – $500 = $150), subject to plan provisions, toward your spouse's expenses.

If your spouse's plan pays $750, more than the Centura Health Plan would have paid as the primary, then no benefit would be paid by the Centura Health Plan.

For your children

If your dependent children are covered by your plan and your spouse's plan, the primary payer will be determined by the "birthday rule." Under this rule, the plan of the parent whose birthday falls first during the calendar year (regardless of year of birth) will pay primary (If birthdays of both parents are the

same, the plan that has covered either of the parents longer is primary.) This rule does not apply in the case of separation or divorce. Instead, determination may be based on which parent has legal custody of the child. If a court decree has been issued, the primary plan is determined by which parent the court decree obligates to cover the health care expenses of the child. Otherwise, if the parents are not married or are separated or divorced, the order of benefit payment for the child is:

- The plan of the custodial parent
- The plan of the spouse of the custodial parent
- The plan of the non-custodial parent
- The plan of the spouse of the non-custodial parent.

If the other plan does not have a coordination of benefits provision, that plan will always pay first. If none of the circumstances already described apply, the plan that has covered your dependents for a longer period of time will pay first.

Filing coordination claims

If you are covered under two plans, it is important that you file full and complete claims with both claim administrators. You should file your claim with the primary plan first. Then, when you receive the explanation of benefits, you should forward it along with your claim to the secondary plan.

If you have any questions about which plan is primary or secondary, please contact UnitedHealthcare at 1-866- 234-8908.

Medicare secondary payer

The Centura Health Plan pays primary to Medicare for individuals who are covered by the Centura Health Plan due to "current employment status" and who are covered by Medicare due to age or disability. The Centura Health Plan is primary payer for the first 30 months that a covered individual is entitled to Medicare because of end-stage renal disease (ESRD.)

Right of recovery

Centura Health is entitled to receive reimbursement from participants who receive compensation from any third party, other than family members, for expenses that have been paid for by the plan.

In some situations, a third party, such as another person or insurance company can be legally responsible for your medical expenses. A car accident is an example of such a situation. In these cases, the Health Plan is entitled to repayment for all medical expenses paid. When you accept payment from UnitedHealthcare, you agree to provide any documents that would help the company recover payments it makes on your behalf. The legal term for the company's right of recovery is subrogation.

If you do receive payment from a third party and do not promptly refund the company the full amount, UnitedHealthcare has the right to reduce future benefits that are payable under the Centura Health Plan. The reductions will equal the amount of the required refund. UnitedHealthcare may have other rights in addition to the right to reduce future benefits.

Agent for legal processes

Plan Administrator
Centura Health
9100 E. Mineral Circle
Centennial, CO 80112

Your rights as a plan participant

As a plan participant, you have the right to:

- Receive respectful, courteous service by all personnel and providers, regardless of race, creed, nationality, color, age, or economic status
- Have all information received by Centura Health or its designated agent(s) held in confidentiality
- Submit a grievance or appeal to UnitedHealthcare, without retribution, regarding the service received through the Centura Health Plan
- Obtain complete information from a health care provider regarding the service received from Centura Health or its designated agent(s)
- Obtain complete information from a health care provider regarding an illness, treatment options, or prognosis, allowing the covered individual to make an informed decision
- Be advised by UnitedHealthcare if a particular treatment or recommended service is a covered benefit.

Privacy practices

Permitted use and disclosure of protected health information

We, the Centura Health Group Health Plans, are required by federal law specifically the Health Insurance Portability and Accountability Act, known as "HIPAA" to protect the privacy of your personal health information.

Centura Health may only use and disclose protected health information it receives from the benefit plan referenced in this document, as permitted and/or required by, and consistent with the HIPAA Privacy regulations. This includes, but is not limited to, the right to use and disclose participant's protected health information in connection with payment, treatment, and health care operations.

You can request a copy of the Notice of Privacy Practices from your local Human Resources department and the Benefits Service Center. It is also available in your Annual Notices booklet, available on the benefits intranet site.

Centura Health
Benefits Service Center
9100 E. Mineral Circle
Centennial, CO 80112

1-888-622-1111
centura.org

Centura Health®