

2020 – 2021

# Health Reimbursement Account (HRA) Benefits



An overview of the HRA Medical Plan benefits offered to you as a Centura Health associate

This plan does not apply to Centura Health associates who reside outside of the state of Colorado. Details about the Medical Plan for these associates can be found on [My Virtual Workplace](#). Click on *Associates*, then *Human Resources* and select the *Benefits* tab.



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### Non-discrimination Statement .....

**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 People Resource Center at 1-888-622-1111 if you have questions about the benefits described in this guide.**

# Health Reimbursement Account (HRA)

## 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. 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
- Your civil union partner as recognized under Colorado law.
- Your child from birth, stepchild or legally adopted child (from moment of placement in the home), or child of whom you have legal custody, until, in each case, the end of the month in which the child turns age 26
- Your child over age 26 who is:
  - Mentally or physically disabled and unable to earn his/her own living and is dependent on you for a majority of support. Proof of incapacity must be provided to UnitedHealthcare within 31 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 prior to the day coverage would have ended due to age except during an open enrollment period.

## Out-of-area dependents

If you have a dependent that lives and seeks care outside of Colorado, please contact the People Resource Center at 1-888-622-1111.

## The Centura HRA plan is all about you

The HRA (Health Reimbursement Account) plan gives you unprecedented control over your health care choices. It gives you access to health care dollars you can spend before you dip into your own wallet. It gives you more control and more responsibility for managing your health care costs.

Offered through UnitedHealthcare, the HRA plan is a medical plan that consists of a Centura Health-funded HRA account to pay for covered medical expenses first. If you deplete your HRA, you are responsible for any other qualified medical expenses you incur, excluding preventive care, as well as mental health services and substance abuse treatment, until your deductible is met. After the deductible is met, Centura will pay the covered expenses based upon the benefit tier level and you will pay any remaining coinsurance. If you meet the plan-year out-of-pocket maximum, Centura pays 100 percent of covered expenses for the remainder of the plan year.

The HRA plan encourages you to be more actively involved in your health and wellness and gives you more financial accountability for your health care choices. As always, you work with your physician to make health care decisions that are best for you.

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

## Tiered network benefits

Under the HRA medical plan, you have access to a two-tier level benefits structure. The tiers are defined as Preferred Providers and Non-Preferred Providers. Both tier levels require you to cover the coinsurance costs for provider visits and the applicable deductible. Regardless of the tier level, you must access care from an in-network provider. There are no out-of-network benefits under the plan.

**Preferred Providers:** This network is comprised of Primary Care Preferred Provider network and a Preferred Specialty Provider network.

The Primary Care Preferred Provider network is composed of those providers who are in the Centura Health Physician Group and those who are affiliated with Colorado Health Neighborhoods. Also, all pediatricians in

UnitedHealthcare's network are included in the Primary Care Provider network.

Under the Primary Care Preferred Provider network, Centura Health pays 80 percent of covered expenses and you pay the remaining 20 percent coinsurance. When accessing care from a Primary Care Preferred Provider, your deductible will be waived and you are responsible for the 20 percent coinsurance.

The Preferred Specialty Provider network is composed of specialists who are in the Centura Health Physician Group, Colorado Health Neighborhoods, designated UnitedHealthcare specialists and behavioral health providers.

If you need to access care from a specialist and choose a specialty physician within the Preferred Provider network, Centura will pay 80 percent of covered expenses and you will pay the remaining 20 percent after your deductible is met. All other covered services under the Preferred Provider network require that you meet the deductible (with the exception of mental health and substance abuse services) before paying coinsurance.

**Non-Preferred Providers:** The Non-Preferred Provider network contains the remaining UnitedHealthcare Select providers that are not included in the Primary Care Preferred Provider network or the Preferred Specialty Provider network. When utilizing services from a primary care provider (PCP) in the Non-Preferred Provider network, you will be subject to the deductible and Centura will pay 50 percent of covered expenses and you will pay the remaining 50 percent coinsurance. If you need to access care from a specialist and choose a specialty provider from the Non-Preferred Provider network, you will be required to meet your deductible and Centura will pay 50 percent of covered expenses and you will pay the remaining 50 percent coinsurance.

## How to find a health care provider

- UnitedHealthcare's Preferred Providers can be found on [www.welcometouhc.com/centura](http://www.welcometouhc.com/centura).

For the following non-physician-based services, you must use a Centura Health network provider or joint venture. Centura Health will pay 80 percent of covered expenses and you will pay 20 percent coinsurance after the deductible has been met:

- Inpatient services\*
- Outpatient surgery\*

- Outpatient facility services\*
- MRIs, CT scans, PET scans\*
- Physical and Occupational Therapy plans
- Sleep study services\*

\*If inpatient services are unable to be provided at a Centura Health facility, a gap exception is required and no reduction of benefits will be applied if a gap exception is approved.

## Use your Primary Care Provider (PCP)

Regardless of if your PCP is a Preferred or Non-Preferred Provider, 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. A PCP can be your champion for health and will assist you in making decisions when accessing care.

If you receive services from a PCP in the Preferred Provider network, you are only responsible for your 20 percent coinsurance, and your deductible is waived. If you receive services from a Non-Preferred Provider PCP, your coinsurance is still 50 percent, and you must meet your deductible first. You do not need to elect a PCP under the HRA plan.

## Pick your specialist

Under the HRA plan, you can see any doctor or specialist without needing a referral from a primary care doctor. You have access to specialists in both the Preferred Provider and the Non-Preferred Provider network. When accessing services from a specialist within the Preferred Provider network, you will be responsible for a lower amount of coinsurance after your deductible has been met. When accessing care from a Non-Preferred Provider, you will be responsible for a slightly higher amount of coinsurance after your deductible is met.

## 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 prescription medications and procedures do require advance notification from UnitedHealthcare. Online lists of medications and 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 HRA plan pays routine preventive care coverage from day one. There is no deductible applied and 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 or affiliate

You have your choice of Centura Health hospitals or joint ventures for hospital care. There is no out-of-network coverage except for emergent or urgent 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 HRA Plan, 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 and will be payable by your Health Reimbursement Account. Payment is required up-front, but a reimbursement will be made, if applicable.

To create an account, make an appointment or for more information, visit [centuravirtualcare.org](http://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.

## Pediatric care

Centura Health has formed an affiliation with Rocky Mountain Hospital for Children to leverage their long-standing expertise in pediatrics with our own pediatric resources to increase the strengths and services that we bring to our communities. Based upon this affiliation, your dependents can now access pediatric services at Rocky Mountain Hospital for Children. Pediatric services are also available through Children's Hospital Colorado.

To receive the highest level of benefits for pediatric services, please contact UnitedHealthcare at 1-866-234-8908 prior to services.

## Peace of mind for your out-of-area dependents

Out-of-area dependent coverage is available. Contact the People Resource Center if you have an out-of-area dependent you wish to cover under the medical plan.



# 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. As a new hire, your coverage will begin on the first day of the month after 30 days of active employment.

## Acquisitions and mergers

After you meet the eligibility requirements, your benefits begin based upon the legal agreement of the 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.

- Ambulance – non-emergency
- Acupuncture Services
- Dental Services – Accident only
- Durable Medical Equipment (\$1,000 or more)
- Emergency Health Services
- Home Health Care
- Clinical Trials
- Genetic Testing
- Infertility
- Hospice Care

- Hospital — Inpatient Stay
- 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 & CT 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 or urgent care outside of the Centura 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](http://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.

# What makes up your HRA plan?

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

Centura Health-funded account that can help pay out-of-pocket expenses.

+

## MEDICAL COVERAGE

Coverage for eligible expenses after you reach your deductible. Catastrophic coverage once you've fulfilled your deductible and reached your out-of-pocket maximum.

+

## COMPREHENSIVE HEALTH CARE RESOURCES

Answers to many health care questions. You get the help you need, when you need it, and delivered how you want it — on the phone or Web.

+

## SAVINGS ON HEALTH CARE COSTS

More control over how your health care dollars are spent by taking advantage of UnitedHealthcare's purchasing power = potential savings for you.

+

## PREVENTIVE CARE COVERAGE

Centura Health helps you pay for services designed to keep you well, including physicals, well-child care, cancer screenings and immunizations.



*UnitedHealthcare gives you access to a large, high-quality network of physicians and health care professionals. And you have open access to specialists with no need for a referral.*

## How does the HRA work?

Centura Health funds your Health Reimbursement Account. When you receive covered health care services (including mental health and substance abuse services), the provider sends the bill to UnitedHealthcare for discounts and payment. The claim is paid directly to the provider with funds from your HRA account. You will receive a statement in the mail so that you can keep track of your HRA balance.

If you spend your entire HRA, you'll pay 100 percent of all medical services until you've reached your deductible. Once you reach your deductible, the plan pays 80 percent of your qualified medical expenses and you pay the remaining 20 percent for Preferred Provider PCP and Specialty services, up to your out-of-pocket maximum. If

you see a non-Preferred Provider PCP or Specialist, you will pay 50 percent of covered services. If you reach the out-of-pocket maximum, Centura pays 100 percent of all other allowable charges incurred during the plan year, including prescription copays. Preventive care is 100 percent Centura-paid and does not come out of your HRA.

If you don't use all of the money in your HRA, and you decide to stay with HRA plan for another year, your remaining balance will carry forward to next year. That means more money in your HRA next year and even less that you might have to pay from your own pocket. The maximum balance allowed in your HRA is equal to twice the annual Centura Health contribution.

## HRA details for the 2020–2021 plan year

Coverage	HRA funds	Total deductible	Out-of-pocket max	Most you'll pay
Single	\$1,000*	\$1,500	\$3,500	\$2,500
Two-Party	\$1,500*	\$3,000**	\$7,000***	\$5,500
Family	\$2,000*	\$4,500**	\$10,500***	\$8,500

\*Your HRA contributes to the total deductible. \*\*\$1,500 per person maximum.  
\*\*\* \$3,500 per person out-of-pocket maximum

## Terms you need to know

The structure of HRA 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 Centura HRA plan.

### Deductible

This is a fixed amount of health care expenses that you must pay before health benefits begin.

Under Centura's medical plan, preventive care, pharmacy expenses, mental health care, substance abuse benefits and Preferred Provider PCP services, are not subject to and do not contribute to the deductible.

### Coinsurance

This is the percentage of the covered medical expenses that you pay once the deductible has been met. Under the Preferred Provider network, Centura pays 80 percent of the allowable charges and the associate pays the remaining 20 percent. Under the Non-Preferred Provider network, Centura pays 50 percent of the allowable charges and the associate pays the remaining 50 percent for specialty services. Please note that mental health and substance abuse services are subject to the coinsurance, without meeting your deductible.

For ancillary services, such as outpatient surgery, outpatient facility services, MRIs, CT scans, PET scans, and sleep study services, you must use a Centura Health network provider or joint venture. If high-tech radiology services (MRI, CT, PET) are provided at a non-Centura Health facility, they will not be covered by the plan.

### Out-of-pocket maximum

This is the maximum amount out-of-pocket you pay, including your deductible, coinsurance and prescription copays. Regardless of the tier that your provider is covered under, 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.

### Meeting your deductible

The plan will pay 80 percent of covered Preferred Provider benefits, and 50 percent of covered Non-Preferred provider expenses after you have met your deductible. For two-party coverage, the deductible operates as though each person has single coverage.

For families of three or more people, no individual will be required to pay more than \$1,500 toward the deductible. Once an individual family member has reached the \$1,500 deductible, the plan will pay 80 percent of allowable charges under the Preferred Provider network and 50 percent of allowable Non-Preferred Primary Care and specialty provider charges under the Non-Preferred Provider network for that person. Once three or more family members together incur \$4,500 of allowable medical expenses, the plan pays 80 percent of covered Preferred Provider expenses and 50 percent of covered Non-Preferred Provider expenses for the entire family.

If you have questions about how the deductible works, please contact the People Resource Center by calling 1-888-622-1111.



# Prescription benefits

Centura Health has selected ClearScript as a partner in the administration of our prescription drug benefit. 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 and a national network of pharmacies. By utilizing Preferred Pharmacy Providers under Colorado Health Neighborhoods, Centura Health's partnership with ClearScript will further the coordination of care, increase value and reduce individual costs.

Our Centura Health Pharmacies have become the prescription service of choice by streamlining the pharmacy experience, providing all-inclusive services and incentivizing associates for filling their prescriptions with our pharmacy. Additionally, Centura Health Pharmacy is the Specialty/Mail Service Pharmacy under our Medical Plan.

HRA 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 20 percent coinsurance (\$200 maximum for generic/preferred brands; \$300 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.

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/login at [www.clearscript.org/CenturaHealth](http://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.

Many of our hospital campuses have Centura Health retail 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.



HRA PLAN SUMMARY OF BENEFITS				
Retail			Specialty	Mail Order
	Centura Health Network Pharmacy	ClearScript Pharmacy	Centura Health Pharmacy	90-Day Supply
	30/90-Day Supply	30-Day Supply Only		
Generic	\$10/\$25	\$20	20% (\$200 max)	\$25
Preferred Brand	\$40/\$100	\$60	20% (\$200 max)	\$100
Non-Preferred Brand	\$80/\$200	\$100	20% (\$300 max)	\$200



# HRA plan is easy to use

## Take advantage of your preventive care coverage

No matter what tier your provider is covered under, 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, costs 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. In addition, if you access care from a primary care doctor under the Preferred Provider benefit network, Centura will waive your deductible and you only pay the applicable coinsurance.

## 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.

## Use Walgreens clinics

The Healthcare Clinic at select Walgreens provides 100 percent coverage for preventive services and the Preferred Provider benefit level for all other offered services. Visit [www.walgreens.com/clinic](http://www.walgreens.com/clinic) for a list of services and locations and hours.

## 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, or if you work for Penrose-St. Francis Health Services, St. Mary-Corwin or St. Thomas More, call 1-855-385-5943 or 719-776-7983.

## 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, deductible or copayments
- Confirm that a claim is in process or was paid
- Verify what is covered by your benefits
- Order a replacement ID card
- Find a preferred physician in your area
- 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 People Resource Center toll-free at 1-888-622-1111.
- E-mail [PeopleResourceCenter@centura.org](mailto:PeopleResourceCenter@centura.org).
- Review the Summary Plan Descriptions on the benefits intranet site for more detailed information.

# Centura Health HRA Plan summary

## HRA medical plan fundamentals

Deductible		HRA funds
Associate Only	\$1,500	\$1,000
Associate + One	\$3,000 (\$1,500 per person)	\$1,500
Associate + Two or More	\$4,500 (\$1,500 max. per person)	\$2,000
Out-of-pocket maximum (includes deductibles, coinsurance 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)	
Preferred Provider coinsurance after deductible	20%	
Non-Preferred Provider coinsurance after deductible	50%	
Covered outpatient services at a non-Centura facility	50%	
Life-time maximum	None	
Pre-existing conditions	None	

## Preventive care benefit: HRA

### 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

Traditional/Preferred/Non-Preferred brands

Centura Health Pharmacy: \$10/40/80\*

ClearScript Retail Network: \$20/60/100

Specialty Generic/Specialty Non-Preferred brands

Centura Health Pharmacy: 20% (\$200 max)/20% (\$300 max)

\*See chart on page 8 for complete copay information

Mail order Rx & Centura retail pharmacies  
(2 copays for a 90-day supply)

\$25/100/200

## Medical services: HRA

## You pay

### Office visit Services

Preferred Provider PCP office visits

20% coinsurance, deductible waived

Non-Preferred PCP office visits

50% coinsurance after deductible

Preferred Provider Specialist office visits

20% coinsurance after deductible

Non-Preferred Provider Specialist office visits

50% coinsurance after deductible

Centura Health Virtual Care

\$20 copay (counts toward out-of-pocket maximum)

### Hospital and emergency services

Inpatient (Centura facilities only)

20% coinsurance after deductible

Emergency care

20% coinsurance after deductible

Ambulance (Ground and air)

20% coinsurance after deductible

Centura urgent care

20% coinsurance after deductible

Non-Centura urgent care

50% coinsurance after deductible

Outpatient surgery\* (Centura facilities and Joint ventures only)

20% coinsurance after deductible\*

\*Covered services provided at a non-Centura facility that is contracted with UnitedHealthcare have a 50 % coinsurance after your deductible is met.

### Home health care

20% coinsurance after deductible

### Hospice care

20% coinsurance after deductible

## Medical services: HRA

### Therapies *(Centura facilities only)*

Physical, occupational or speech

Cardiac rehabilitation

Pulmonary rehabilitation

### Durable medical equipment or prosthetics

### Maternity

Initial visit - Preferred Provider

After initial visit - Preferred Provider

Initial visit - Non-Preferred Provider

After initial visit - Non-Preferred Provider

### Nutritional services *(certain conditions apply)*

### Other health care services

Acupuncture *(pain management for approved diagnosis)*

Chiropractic services

Hearing exam *(diagnostic injury or illness)*

Lab and X-Ray *(MRI,\* PET\* and CT\* scans must*

*be performed at a Centura Health facility, joint venture, or Health Images)*

*\*Covered services provided at a non-Centura facility that is contracted with UnitedHealthcare have a 50% coinsurance after your deductible is met.*

Mammography testing

Skilled nursing/Inpatient rehabilitation  
*(Centura facilities only)*

### Reconstructive procedures

Medically necessary

### Transplantation services

Specific Centura facilities must be utilized

Bone marrow/Stem cell search

Transportation, meal and lodging

### Roux-en-Y, Lap band and Sleeve gastrectomy bariatric surgery

*Penrose-St. Francis Hospital, Parker Adventist Hospital, and St. Thomas More Hospital only*

## 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

Partial hospitalization

Outpatient visit

Centura Health Virtual Care behavioral health services

### Substance abuse

Inpatient

Inpatient detoxification

Partial hospitalization

Outpatient detoxification

Intensive outpatient program

## You pay

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance of global fee after deductible

50% coinsurance after deductible

50% coinsurance of global fee after deductible

100% covered

20% coinsurance after deductible, up to 20 visits per plan year

20% coinsurance after deductible, up to 20 visits per plan year

20% coinsurance after deductible

20% coinsurance after deductible\*

100% covered

20% coinsurance after deductible, 60-day max per plan year, combined with inpatient rehabilitation\*

20% coinsurance after deductible

20% coinsurance after deductible

\$25,000 maximum benefit

\$50 for one person / \$100 for two people, up to \$10,000 Lifetime

20% coinsurance after deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

\$20 copay

20% coinsurance, no deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

# HRA Medical Plan examples<sup>1</sup>

SERVICES	Deductible \$1,500 Per Person \$4,500 Family	Coinsurance Preferred Provider: 20% Non-Preferred Provider: 50% Up to \$2,000 Per Person, \$6,000 Family
Routine Physical – Preferred Provider or Non-Preferred Provider	None	None
PCP Office Visit – Preferred Provider	Waived	20% No Deductible
PCP Office Visit – Non-Preferred Provider	Yes	50% After Deductible
Specialist Office Visit – Preferred Provider	Yes	20% After Deductible
Specialist Office Visit – Non-Preferred Provider	Yes	50% After Deductible
Cast & Minor Surgery	Yes	20% After Deductible

<b>Single Example</b>  <b>Deductible:</b> \$1,500 <b>HRA:</b> \$1,000 <b>Coinsurance:</b> Preferred Provider: 20% Non-Preferred Provider: 50% <b>Out-of-pocket maximum:</b> \$3,500 <b>Total cost of medical services:</b> \$2,630 <b>Total amount the HRA paid:</b> \$1,000 <b>HRA plan paid:</b> \$908 <b>Total amount you paid:</b> \$722	Services	Cost	Amount you pay to meet deductible	Coinsurance you pay	Paid from HRA	HRA plan benefit	HRA balance
	<b>Associate</b>						
	Routine Physical: Preferred Provider or Non-Preferred Provider	\$230	\$0	\$0	\$0	\$230	\$1,000
	PCP Office Visit: Preferred Provider	\$120	\$0	\$24	\$24	\$96	\$976
	Specialist Office Visit: Preferred Provider	\$140	\$140 (paid by HRA)	\$0	\$140	\$0	\$836
	Cast & Minor Surgery	\$2,000	\$1360 (\$836 paid by HRA)	\$128	\$836	\$512	\$0
	Specialist Office Visit: Non-Preferred Provider	\$140	\$0	\$56	\$0	\$84	\$0
	Totals	\$2,630	\$1,500	\$208	\$1,000	\$922	\$0

<b>Two Party Example</b>  <b>Deductible:</b> \$3,000 (\$1,500 per person max) <b>HRA:</b> \$1,500 <b>Coinsurance:</b> Preferred Provider: 20%, Non-Preferred Provider: 50% <b>Out-of-pocket maximum:</b> \$7,000 (\$3,500 per person max) <b>Total cost of medical services:</b> \$2,380 <b>Total amount the HRA paid:</b> \$1,500 <b>HRA plan paid:</b> \$626 <b>Total amount you paid:</b> \$254	Services	Cost	Amount you pay to meet deductible	Coinsurance you pay	Paid from HRA	HRA plan benefit	HRA balance
	<b>Associate</b>						
	Routine Physical: Preferred Provider or Non-Preferred Provider	\$210	\$0	\$0	\$0	\$210	\$1,500
	PCP Office Visit: Preferred Provider	\$120	\$0	\$24	\$24	\$96	\$1,476
	Specialist Office Visit: Preferred Provider	\$140	\$140 (paid by HRA)	\$0	\$140	\$0	\$1,336
	<b>Dependent</b>						
	Routine Physical: Preferred Provider or Non-Preferred Provider	\$250	\$0	\$0	\$0	\$250	\$1,336
	PCP Office Visit: Non-Preferred Provider	\$120	\$0	\$0	\$120	\$0	\$1,216
	Outpatient Surgery	\$1,400	\$1,380	\$20	\$1,216	\$0	\$0
	Specialist Office Visit: Non-Preferred Provider	\$140	\$0	\$70	\$0	\$70	\$0
	Totals	\$2,380	\$1,640	\$114	\$1,500	\$626	\$0



## Family Example

**Deductible:** \$4,500  
(\$1,500 per person max)

**HRA:** \$2,000

**Coinsurance:** Preferred  
Provider: 20%

**Non-Preferred Provider:**  
50%

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

**Total cost of medical  
services:** \$29,995

**Total amount the HRA paid:**  
\$2,000

**HRA plan paid:** \$23,376

**Total amount you paid:**  
\$4,619

Services	Cost	Amount you pay to meet deductible	Coinsurance you pay	Paid from HRA	HRA plan benefit	HRA balance
<b>Associate</b>						
Routine Physical: Preferred Provider or Non-Preferred Provider	\$250	\$0	\$0	\$0	\$250	\$2,000
Specialist In-Office Procedure: Preferred Provider	\$500	\$500 (paid by HRA)	\$0	\$500	\$0	\$1,500
<b>Spouse</b>						
Routine Physical: Preferred Provider or Non-Preferred Provider	\$250	\$0	\$0	\$0	\$250	\$1,500
PCP Office Visit: Non- Preferred Provider	\$120	\$120 (paid by HRA)	\$0	\$120	\$0	\$1,380
Outpatient Surgery	\$1,600	\$1,380 (paid by HRA)	\$44	\$1,380	\$176	\$0
Specialist Office Visit: Non-Preferred Provider	\$150	\$0	\$75	\$0	\$75	\$0
<b>Dependent</b>						
Well-Child Check-up: Preferred Provider or Non-Preferred Provider	\$175	\$0	\$0	\$0	\$175	\$0
Specialist Office Visit: Non-Preferred Provider	\$140	\$140	\$0	\$0	\$0	\$0
<b>Dependent</b>						
Well-Child Check-up: Preferred Provider or Non-Preferred Provider	\$175	\$0	\$0	\$0	\$175	\$0
PCP Office Visit: Preferred Provider	\$120	\$120	\$0	\$0	\$0	\$0
Outpatient Surgery	\$1,200	\$1,200	\$0	\$0	\$0	\$0
<b>Dependent</b>						
Well-Child Check-up: Preferred Provider or Non-Preferred Provider	\$175	\$0	\$0	\$0	\$175	\$0
Specialist Office Visit: Non-Preferred Provider	\$140	\$140	\$0	\$0	\$0	\$0
Inpatient Surgery	\$25,000	\$900	\$2,000	\$0	\$22,100	\$0
Totals	\$29,995	\$4,500	\$2,119	\$2,000	\$23,376	\$0

<sup>1</sup> For illustrative purposes, it is assumed that claims are processed by UnitedHealthcare in the order in which services are listed.

# 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. Aromatherapy
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.

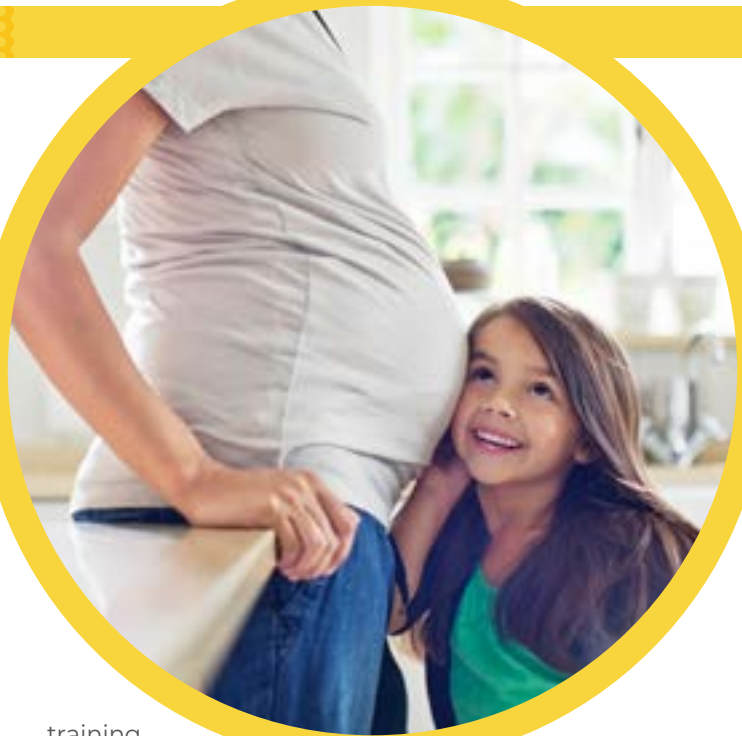
2. Prescribed or non-prescribed medical supplies and disposable supplies. Examples include:
  - Elastic stockings (Job stockings are not excluded)
  - Ace bandages
  - Gauze and dressings
  - Syringes
3. Orthotic appliances that straighten or re-shape a body part (including some types of braces).
4. 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 (SPD) (*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/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 Centura Health's 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 SPD 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 as a result 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, Parker Adventist Hospital or St. Thomas More 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/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/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 (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 People Resource Center. It is also available in your Annual Notices booklet, available on the benefits intranet site.

## Non-Discrimination Statement

Each Centura Health facility complies with applicable Federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, or sex. Centura Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Each Centura Health facility provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats which may include: large print, audio, accessible electronic formats, or other formats

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services, please request assistance from staff. If staff is unable to assist you, please contact the facility Sections 504/1557 Coordinator.

It is against the law to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. If you believe that a Centura Health facility has failed to

provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Amber Mutch, or designee, and Sections 504/1557 Coordinator  
9100 E Mineral Circle, Centennial, CO 80112  
Phone 303-643-1000 | TTY: 711 | Fax 303-673-7102  
CHPG\_Patient\_Advocate@Centura.Org

You can file a grievance in person or by mail, fax, or email within 60 days of the date you become aware of the alleged discriminatory act. If you need help filing a grievance, the above mentioned Sections 504/1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Proficiency of Language Assistance Services

Attention: If you speak a language other than English, assistance services, free of charge, are available to you. Call 1-303-643-1000 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-643-1000 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-643-1000 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-303-643-1000 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-643-1000 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-643-1000 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግኙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-303-643-1000 (መስማት ለተሳናቸው: TTY: 711)።

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-303-643-1000 (TTY: 711) هاتف الصم والبكم.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-643-1000 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-643-1000 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-303-643-1000 (टिडिवाइ: (TTY: 711) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-643-1000 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-303-643-1000 (TTY: 711)

まで、お電話にてご連絡ください。

Nti: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-303-643-1000 (TTY: 711).

AKIYESI: Bi o ba nsọ èdè Yorùbù ọfẹ̀ ni iranlọwọ̀ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-303-643-1000 (TTY: 711).

LA SOCO: Haddii aad ku hadashid Soomaali, waxaad heli kartaa adeegyada kaalmada luqadda, oo lacag la'aan ah. Wac telefoonka 1-303-643-1000 (TTY: 711).

توجه: اگر از صحبت کنندگان زبان فارسی باشید، خدمات کمک زبانی رایگان برای شما قابل دسترسی است. لطفاً روی شماره 1-303-643-1000 تماس بگیرید (TTY: 711).

Dè dè nàà kè dyédé gbo: Ɔ jǔ ké m̃ [Bàsɔ ɔ -wùdù-po-nyo ] jǔ ní, nǐ, à wuɖu kà kò dọ po-poò bɛ in m̃ gbo kpáa. Ɖá 1-303-643-1000 (TTY: 711).