

Piedmont Community HealthCare, Inc. Schedule of Benefits - Large Group - Piedmont National Network PPO

Piedmont PPO Complete 5000/35/60 National Network

| Annual Deutschible Individual Unit - Medical per Participant Family Unit - Medical for all Participants combined, amounts will accumulate for each family member until the "Family Unit" amount is met, however, no individual family member will pay more than the "per person" amount shown. Annual Out-of-Pocket Maximum Individual Unit (includes medical and Rx coverage) per Participant Family Unit (includes medical and prescription drug coverage) for all Participants combined, amounts will accumulate for each family member unit the Family Unit mamount is met, however, no individual family member will pay more than the "per person" amount shown. Office Visits* PCP (family, general, internal medicine, and pediatric physicians) Telemedicine services - interactive virtual visits Packet International Expensive Providers All Other Telemedicine Services Providers All Other Telemedicine Services Providers All Other Telemedicine Services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including but not limited to x-rays, diagnostic liabshets), altery services and professionals Other services performed in office (including betting), women's preventive care, routine well-bild care, child and adult immunizations, screening mammogramy colonoscopy, other PPACA* covered proventive care acro | PIEDIVION I Piedmont PPO Complete 5000/35/6 | 0 National Network | |
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| | Emergency Room Doctor and other Facility/Imaging Charges | 0% of AC1 after deductible | 0% of AC1 after deductible |
| | Urgent Care | \$60 Copayment | \$60 Copayment |
| | Ambulance | 0% of AC1 after deductible | 40% of AC1 after deductible |

| Benefits | In-Plan You Pay | Out-of-Plan You Pay |
|--|----------------------------|-----------------------------|
| Rehabilitative/Habilitative Services ³ Inpatient/Outpatient Facility and Services | 0% of AC¹ after deductible | 40% of AC¹ after deductible |
| Skilled Nursing Facility Care (100 days per admission limit) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Private Duty Nursing (16 hours per year) | 0% of AC¹ after deductible | 40% of AC1 after deductible |
| Chiropractic/Osteopathic/Manipulation Therapy ⁴ (office setting) | \$60 Copayment | 40% of AC1 after deductible |
| Physical/Occupational Therapy ³ (office setting) | \$60 Copayment | 40% of AC1 after deductible |
| Speech Therapy ³ (office setting) | \$60 Copayment | 40% of AC1 after deductible |
| Cardiac Rehabilitation (office setting) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Chemo/Radiation Therapy (office setting) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Respiratory Therapy (office setting) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Dialysis/Hemodialysis (office setting) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Reference Labs | \$0 Copayment | 40% of AC1 after deductible |
| Home Health Care (100 visits per year) | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Durable Medical Equipment | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Prosthetic Device and Components | 0% of AC1 after deductible | 40% of AC1 after deductible |
| Hospice | \$0 Copayment | 40% of AC1 after deductible |

Out-of-plan ambulance services are those received other than in an actual Emergency (as defined elsewhere in this Certificate of Coverage) and the provider of the service does not participate.

- ¹ AC is the allowable charge.
- ² PPACA is the Patient Protection and Affordable Care Act.
- ³ Rehabilitative/Habilitative Services-physical/occupational therapy limited to 30 visits/Benefit Year for Rehabilitative and 30 visits/Benefit Year for Habilitative, speech therapy limited to 30 visits per Benefit Year for Rehabilitative and 30 visits per Benefit Year for Habilitative Services.
- ⁴ Chiropractic/Osteopathic/Manipulation Therapy limited to 30 visits per calendar year for Rehabilitative/Habilitative services combined.
- Note: Some free-standing Offices bill as extensions of an Outpatient Hospital/Facility; please check with your provider to determine if a Copay or Deductible/Coinsurance applies to your visit.

If you use an Out-of-Network retail pharmacy, you may have to pay the full cost of the drug up-front and your reimbursement from Piedmont depends on the following circumstances; In-Network benefits are provided at point of sale for prescriptions filled at a pharmacy that is not an In-Network Provider if that pharmacy or its intermediary agrees in writing to accept the same reimbursement terms as a pharmacy that is an In-Network Provider. Otherwise, prescriptions filled at a pharmacy that is an Out-of-Network Provider will be reimbursed to you up to the amount that would have been paid to an In-Network Provider pharmacy (less your applicable Copayment, Coinsurance, and Out-of-Network Deductible)

The cost-sharing payment for a covered prescription insulin drug is limited to a \$50 max per 30-day supply, and any deductible is waived.

NOTE: All benefits described herein are subject to other benefit limits as described elsewhere in this Certificate of Coverage. This Schedule of Benefits is part of and should be read together with your Certificate of Coverage.