

**FIRSTHEALTH OF THE CAROLINAS  
SCHEDULE OF BENEFITS  
HDHP POS PLAN  
1/1/2021**

<b>Lifetime Maximum Benefits</b>	<b>In-Network Providers/Out-of-Network Providers</b>
Individual Lifetime Maximum Benefit	Unlimited
Bariatric Surgery	\$8,000 per covered person

The term “Lifetime” refers to the time a person is actually a Beneficiary of a welfare benefit plan sponsored by the Group and is not intended to suggest benefits beyond an individual’s termination date.

<b>Calendar Year Maximum Benefits</b>	<b>In-Network Providers/Out-of-Network Providers</b>
Skilled Nursing Care	100 days per cause
Inpatient Rehabilitative Therapy Services (Occupational, Speech and Physical Therapies)	45 days
Outpatient Rehabilitative Therapy Services (Occupational, Speech and Physical Therapies)	60 visits
Home Health Care	30 visits
Chiropractic Services	12 visits

The maximum benefits allowed for FirstHealth, In-Network Providers and Out-of-Network Provider services are combined.

<b>Calendar Year Deductibles (Medical)</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
Individual	\$3,000	\$6,000
Family	\$5,000	\$10,000

Deductibles apply to all covered services. A new Deductible will apply each Calendar Year. Family deductible is cumulative for all family members combined.

Deductible is Embedded. If two or more members are on the plan, they have separate individual deductibles embedded within the family deductible. This gives each member a chance to have his or her benefits start before the entire family meets the family deductible.

<b>Calendar Year Out-of-Pocket Maximums</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
Individual	\$3,000	\$6,000
Family	\$5,000	\$10,000

All Deductibles, Copayments and Coinsurance applies to the Out-of-Pocket Maximum. Premiums, prior authorization penalties, non-covered services and charges over Maximum Allowable Charge (MAC) do not apply to the Out-of-Pocket Maximum.

<b>Prior Authorization Penalty</b>	<b>In-Network Providers/Out-of-Network Providers</b>
Failure to Prior Authorize	20% coinsurance penalty will apply

Penalty for failure to obtain prior authorization applies to the following: Imaging (CT, PET scans, MRIs), Outpatient Surgery, Inpatient Hospital, Mental Health and Substance Abuse, Rehabilitation services, Skilled Nursing care, Durable Medical Equipment, Home Health Care and Hospice Services.

<b>Inpatient Services/Benefits</b>	<b>You Pay In-Network Providers</b>	<b>You Pay Out-of-Network Providers</b>
Physician Services	0% coinsurance, after deductible	0% coinsurance, after deductible
Hospital Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Bariatric Surgery	0% coinsurance, after deductible	Not Covered
Inpatient Rehabilitation	0% coinsurance, after deductible	0% coinsurance, after deductible
Skilled Nursing Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Human Organ Transplant	0% coinsurance, after deductible	Not Covered
Mental Health Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Substance Use Treatment	0% coinsurance, after deductible	0% coinsurance, after deductible
Inpatient Hospice	0% coinsurance, after deductible	0% coinsurance, after deductible

<b>Outpatient Services/Benefits</b>	<b>You Pay In-Network Providers</b>	<b>You Pay Out-of-Network Providers</b>
Office Visit-Primary Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Office Visit-Specialty Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Routine Prenatal Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Be Healthy Wellness Benefit Program	0% coinsurance, after deductible	Not Covered
Well Child Care	0% coinsurance, after deductible	Not Covered
Routine Eye Exams- Adult	Not Covered	Not Covered
Routine Eye Exams (Age 17 and under)	0% coinsurance, after deductible	Not Covered
Outpatient Surgery- Facility	0% coinsurance, after deductible	0% coinsurance, after deductible
Outpatient Surgery- Physician	0% coinsurance, after deductible	0% coinsurance, after deductible
Diagnostic Testing (X-rays and laboratory services)	0% coinsurance, after deductible	0% coinsurance, after deductible
Mental Health Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Substance Use Treatment	0% coinsurance, after deductible	0% coinsurance, after deductible
Home Health Care/Home Infusion	0% coinsurance, after deductible	0% coinsurance, after deductible
Hospice Care	0% coinsurance, after deductible	0% coinsurance, after deductible
Rehabilitative Therapy Services (Physical, Occupational, Speech Therapies)	0% coinsurance, after deductible	0% coinsurance, after deductible
Emergency Room- Facility	0% coinsurance, after deductible	0% coinsurance, after deductible (In-Network benefits apply)
Emergency Room- Physician	0% coinsurance, after deductible	0% coinsurance, after deductible (In-Network benefits apply)
Ambulance Services (must be medically necessary)	0% coinsurance, after deductible	0% coinsurance, after deductible (In-Network benefits apply)
Urgent Care	0% coinsurance, after deductible	0% coinsurance, after deductible (In-Network benefits apply)

Durable Medical Equipment and Prosthetic Devices	0% coinsurance, after deductible	0% coinsurance, after deductible
Chiropractic Services (including spinal manipulations)	0% coinsurance, after deductible	0% coinsurance, after deductible
Infertility Services – Diagnostic	0% coinsurance, after deductible	0% coinsurance, after deductible
Temporomandibular Joint Disorders	0% coinsurance, after deductible	0% coinsurance, after deductible
Wisdom Teeth Removal	Not Covered	Not Covered
Other Covered Services	0% coinsurance, after deductible	0% coinsurance, after deductible

NOTES:

Participating Provider Coinsurance, if any, is based on the allowed or discounted amount.

<b>Prescription Drugs</b>	<b>You Pay In-Network Pharmacies</b>	<b>You Pay Out-of-Network Pharmacies</b>
Retail Prescription Drugs (Limited to a maximum 30-day supply)	0% coinsurance, after deductible	Not Covered
Retail Prescription Drugs (Limited to a maximum 90-day supply)	0% coinsurance, after deductible	Not Covered
Specialty Prescription Drugs	0% coinsurance, after deductible	Not Covered