



OneSource EPO Network 2009

Serving the HCA East Florida Division



BENEFIT GUIDE 2009

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Important Information

This Benefit Guide replaces the Medical Section of the LifeTimes Benefit Choices “Summary Plan Description” (SPD). This material is incorporated into and is a part of your “Summary Plan Description.”

Refer to “LifeTimes Benefit Choices” (SPD) for more information on eligibility, termination, COBRA continuation, ERISA rights, and other Plan information.

You must read this Benefit Guide, and the SPD for complete information.

Dear HCA Colleague:

Welcome to the OneSource EPO Network. We're sure you'll agree that it's the right choice for quality, service and value. This exclusive provider organization offers a variety of services and benefits designed with your personal health in mind.

A Full Booklet of Benefits

The OneSource EPO Network offers similar covered services as other managed healthcare plans with more benefits than a PPO plan, including HCA Smart Care Plan, (such as annual physicals, vision benefits, etc.) What's more, it also offers substantial savings on premiums and access to the physicians and facilities that you already know and trust. With the OneSource EPO Network, you can feel good about your healthcare plan decision!

More Doctors

Our comprehensive network of participating providers includes a wide range of doctors and specialists for all your healthcare needs.

You Are Part of Our Family

Our local program administrators, members and providers are all part of the HCA family. This means you can expect all questions and issues to be handled promptly, responsibly and courteously.

Our goals are to enable you and your family to access comprehensive health services of the highest quality and protect you from the high costs of both routine preventive care and major illness.

This package of information has been designed to help you understand your medical benefits so that you can take full advantage of our services. We encourage you to read it carefully and keep it available for future reference.

If you need any information or assistance with regard to coverage or benefits, please do not hesitate to call the Member Services Department at 1-800-255-5541. We welcome your comments and suggestions at any time and look forward to serving you.

Sincerely,

Your colleagues at OneSource EPO Network



HCA Exclusive Provider Organization (EPO)

The EPO features these outstanding benefits for in-network services:

- 1 . Well-baby care and adult preventive exams included at \$15 office visits co-pays.
- 2 . \$20 co-pay for routine Primary Care Physicians (PCP) or OB/GYN physician office visits.
- 3 . \$30 co-pay for specialist office visit.
- 4 . No referral needed for visits to the OB/GYN for OB/GYN-related services, or to podiatrists, dermatologists, chiropractors and behavioral health services.
- 5 . No physician charges for inpatient or outpatient surgical procedures.
- 6 . No co-pay for in-network inpatient hospital care.
- 7 . Maternity-OB Physician (pre- and post-natal) care provided for a \$20 co-pay per visit with a \$200 maximum.
- 8 . \$10 co-pay for annual vision exams, plus discounts and credits toward vision eyewear.
- 9 . Mental health and substance abuse care included.
- 10 . Outpatient prescription drugs included with nominal co-pays and no deductible to satisfy. A mail order prescription drug plan is also available.

Ten extraordinary benefits, with no claims to file or deductibles to satisfy....and at very little cost to you!

Choosing the right health plan for you and your loved ones is no easy task. We understand. As fellow employees, we have to make this important healthcare decision too.

By selecting the OneSource EPO Network, you can rest assured that you're making the right choice for you and your family. OneSource EPO Network offers many of the same benefits of other plans, plus access to physicians and facilities that you already know and trust.

Best of all, the **OneSource EPO Network will save you money—thousands of dollars** per year in premiums alone!

The primary benefits of the OneSource EPO Network include:

- **Extensive network of providers** throughout Dade, Broward, Palm Beach, Okeechobee and St. Lucie Counties – including Miami Children's Hospital
- **No deductible**
- **Self-referral permitted** for a variety of **in-network** specialists (including obstetricians/gynecologists, dermatologists, podiatrists, chiropractors and mental health or substance abuse providers)
- **Emergency services** covered both locally and out-of-area
- **Maternity** (pre- and post-natal) and **well-baby care** with nominal co-pay per visit
- **Generous prescription drug benefit** with no deductible and low co-pay for generic drugs (Brand-name drugs are also covered).
- **Vision benefits** provided by EyeMed (includes annual routine vision exams and discounts on eyewear) Included in your OneSource EPO Benefit. Please see pages 16 & 17 of the Benefit Guide.
- **Lab work** available in most cases on-site at your participating doctor's office or in-network laboratory. If you have lab work done at your participating doctor's office the lab work must be sent to the in-network laboratory for processing.
- **Maximize your benefits** Please review your Benefit Guide in detail to maximize the best cost savings features of the plan.

Frequently Asked Questions

What is the Exclusive Provider Organization (EPO)?

The EPO is a medical benefit designed specifically for healthcare employees and their covered dependents. **The EPO features a carefully selected panel of facilities and physicians who have agreed to provide their services to OneSource EPO participants.**

What advantages does the EPO offer?

- Quality providers
- Reduced out-of-pocket costs
- Freedom from claims forms
- Generous comprehensive benefits

How does the EPO work?

The participant is required to select a Primary Care Physician (PCP) from the directory provided. The PCP may be a Family Practitioner, General Practitioner, Internist or Pediatrician.

The PCP you choose will be your care manager and will be responsible for personally delivering your care when appropriate, or referring you to a properly qualified specialist for the care you need.

If you do not utilize your PCP to manage your care or refer you to an in-network specialist, you will be responsible for the charges you incur.

How does OneSource EPO handle referrals to specialists?

For members requiring a referral to a specialist, the process is easy. Once you establish a relationship with your Primary Care Physician, he or she may refer you to a specialist.

The referral specifically states the services approved to be performed by the in-network specialist. If the specialist performs other services, you will be responsible for the charges you incur. Also, if the in-network specialist refers you to another in-network specialist, you may be responsible for the charges you incur unless your PCP or the specialist have received written authorization from the plan for you to see the specialist. Again, specialists are only authorized to perform the services listed on the authorization.

Authorizations are required to be in writing; no telephone authorization is allowed unless there is an emergency. However, the authorization must still be obtained or you will be responsible for the charges you incur.

Does the EPO have a pre-existing clause? If so, could I possibly be denied coverage?

The pre-existing conditions clause has been waived, so no one will be denied coverage as long as they meet the eligibility requirements. For more information regarding eligibility requirements, please refer to the section entitled “Your Benefit Choices” of the LifeTimes Benefit Choices (SPD).

What do I do when I have a change in status?

You have thirty-one (31) days following any of the change in status events listed in the section entitled “Your Benefit Choices” of the LifeTimes Benefit Choices SPD. Call LifeTimes Connections at 1-800-566-4114 to make the change.

What do I do if my child or other family member gets sick in the middle of the night or on a weekend?

Unless it's a medical emergency, we ask that you call the member's Primary Care Physician. Our contracts provide or arrange for care 24 hours a day, 365 days a year. If it is an urgent or life-threatening emergency, you should go immediately to the nearest medical facility and contact your Primary Care Physician and the EPO within 24 hours, if admitted.

What is “QualityBIRTH”?

“QualityBIRTH” is a special free program for expectant members that provides screening for potential complications, educational information and care management for moderate and high – risk pregnancies. All expectant mothers – whether they anticipate a potential problem or not - should notify the program in their first trimester. “QualityBIRTH” identifies the potential for pregnancy complications and then works with you and your doctor to help you receive the prenatal care necessary to help ensure a healthy and successful pregnancy and delivery. Call 1-800-255-5541 for more information. There is no cost to you for this program.

What happens if I need hospital care?

Your Primary Care Physician will arrange for your admission to an HCA or affiliated EPO participating hospital and will coordinate the care that you receive there. He or she will work closely with the medical staff and any specialist your care may require. In-network specialists will always be used when available and appropriate.

What do I do in an emergency?

The EPO provides coverage for emergency care wherever you may be. In a true medical emergency, you should seek care at an HCA or affiliated facility if one is reasonably available, otherwise at the nearest emergency room. Your Primary Care Physician should be notified as soon as reasonably possible to assure proper payment arrangement and to coordinate your care as appropriate.

Minor illness or injuries are urgent, but not emergencies, and should be treated promptly by your Primary Care Physician or as referred. Please refer to the “Summary of Benefits” section for guidelines regarding emergency services. (Please see additional information on pages 10 – 13)

Rules to Remember

To receive care, contact your Primary Care Physician. Always present your OneSource EPO Network ID card at the time you receive healthcare services.

Services from a non-participating provider without a referral from the PCP, or services rendered by a participating provider requiring referral, and without prior approval from the EPO are the sole financial responsibility of the member, except in the case of a life-threatening emergency.

What if my PCP refers me to a specialist?

If your PCP refers you to a specialist, he/she will need to get a referral approved in advance from Member Services at 1-800-255-5541. If that

specialist wants to refer you to another specialist, they also need to obtain a referral authorization from Member Services or you need to return to your PCP for a referral. Please call Member Services at 800-255-5541 to confirm your referral has been authorized. It is important to call Member Services at 1-800-255-5541 before you incur any expenses for which you may be responsible. Referrals are not required as described below.

Self-Referral Exceptions

You are **not** required to obtain a referral authorization to see the following IN-NETWORK specialists (Emergencies are not required to be treated only by in-

network providers):

- OB/GYN for OB/GYN-related diagnoses
- Podiatrists
- Dermatologists
- Routine vision services provided by EyeMed Vision Care Network which consists of independent vision providers and LensCrafters locations.
- Behavioral health services (must contact Value Options at toll free 1(800)528-3917)
- Emergencies
- Chiropractic Care

How To Use Your Health Plan

Choosing or changing your personal physician

Unlike many other health plans, the EPO allows you to select your own personal physician from among HCA's many participating physicians. Please consult your Physician Directory for a listing of participating EPO Primary Care Physicians. You may receive provider information by visiting the EPO website at www.onesourceeponetwork.com or contact your human resources department which has extra provider directories.

When you join the EPO, each member of the family is required to choose his/her own Primary Care Physician. Some families have a single physician for all family members, while others have different Primary Care Physicians for each family member.

Primary Care Physicians **must** be selected from:

- Family Practice
- Internal Medicine
- General Practice
- Pediatrics

No other fields of practice are eligible to serve as a Primary Care Physician for the EPO.

You must Select a Primary Care Physician (PCP) for each family member covered by the EPO. If a member does not have a PCP and has medical services, they will not be paid!

For help in selecting a PCP, call Member Services at 1-800-255-5541. Your EPO Primary Care Physician

directs all of your medical care (with the exception of OB/GYN, vision, chiropractic, behavioral health, dermatologists and podiatrists), including referrals to EPO Specialist Physicians. Your EPO Primary Care Physician orders lab tests and X-rays, prescribes medicines or therapies, arranges hospitalization, provides direction in emergencies and generally coordinates your medical care as appropriate for your needs. As your personal physician, he/she knows your medical history and will provide medical services and health education as well as respond to situations as they occur. Therefore, it is important that you establish an ongoing patient-doctor relationship with your Primary Care Physician. **Any time you have a health problem, you should contact your EPO Primary Care Physician.**

If you do not follow these procedures, you will be responsible for any charges you incur.

If for any reason you wish to change your choice of EPO Primary Care Physician, please call our Member Services Department at 1-800-255-5541. Your change will become effective on the 1st day of the following month. If a member has not selected a PCP and has medical services, they will not be paid.

Limited Practices

In some circumstances, a Primary Care Physician's practice may be limited to existing patients. In addition there are some practices that accept specific age groups only. Please contact the practice for specific limitations.

Patient Transfers To In-Network Facilities or Physicians

The EPO is designed to utilize in-network doctors and hospitals whenever possible. Members will be transferred from an out-of-network hospital or physician to an in-network hospital or physician when it is appropriate to do so. Transfers will always be reviewed by EPO medical management for appropriateness and safety of the patient prior to a transfer to an in-network hospital or other provider.

Maximize Your Benefit Plan

Please review your Benefit Guide in detail to maximize the best cost saving features of the plan. Always call Member Services at 800-255-5541 to confirm the appropriate authorizations and referrals are in place.

Member Responsibilities

You and your selected Primary Care Physician share the responsibility of working together to obtain the best possible healthcare.

Seek medical care through the direction of your selected Primary Care Physician, who will refer you to Network Specialists as required.

Non-emergency hospitalizations must be pre-authorized by the EPO through your Primary Care Physician.

Use only participating Network providers (physicians, hospitals, laboratories, X-ray facilities). **The only outpatient lab which can be used by EPO members is the in-network laboratory.** Unless approved by the Plan in advance, any other outpatient lab charges will be the financial responsibility of the member. **Always confirm with any doctor you utilize to use only our OneSource in-network laboratory.**

All services from non-participating providers require prior approval by the EPO.

Non-emergency room services received from participating and non-participating providers without referral from the PCP and approval from the EPO, as indicated in the Referrals and Authorization section found in the Benefit Guide, are the sole financial responsibility of the member.

If your emergency room visit immediately results in an inpatient confinement, you must contact your PCP and obtain authorization; otherwise, you will be responsible for charges incurred. Your PCP will direct your care and arrange for you to be transferred, when your condition is stabilized, to an

OneSource EPO participating facility. You must advise Member Services at 1-800-255-5541 of all emergency admissions within 24 hours or the first working day after your admission. Remember, unless circumstances do not permit, you must use HCA EPO participating facilities.

Referrals And Authorizations

What Is A Referral Number?

The initial referral is obtained by your in-network PCP contacting Member Services at 800-255-5541. If approved the in-network PCP will receive a 7-digit number beginning with an "R".

When Do You Need A Referral?

You need a referral to be seen by a **specialist** other than referrals to OB/GYN for OB/GYN-related Services, Vision Services listed on pages 16 & 17 in the benefit guide, Behavioral Health Services-listed on page 15, Chiropractic Services, Dermatology Services and Podiatry Services.

The referral number is valid for 60 days and is only valid for the specific services authorized by your in-network physician for that specific diagnosis.

Once there is an existing referral in place by the in-network PCP your in-network specialist may call CBCA at 800-255-5541 for any updates to the referral that are needed. Please see page 4 of the Benefit Guide. **Please call Member Services at 800-255-5541 before you incur any expenses for which you will be responsible.**

Authorization Required

The following services and/or supplies must be pre-authorized through your physician and the EPO for payment to be made by the EPO, even if the services are being provided by participating network providers.

What Is An Authorization Number?

An authorization number MUST be requested by your in-network PCP or in-network specialist when a medical necessity review is required by the plan.

Authorization Number Required Medical Necessity Review List:

Ambulance Services where no emergency condition exists
Blepharoplasty/Eyelid Surgery
CT Scan Cervical Spine
CT Scan Lumbar Spine
CT 64 slice CT scan coronary & calcium scoring only
CyberKnife
D&C (Dilation & Curettage) Non-Obstetrical Related Only
Durable Medical Equipment all rentals
Durable Medical Equipment purchases greater than \$250.00
Home Health Care
Hospice Inpatient & Outpatient
Hysterectomy (Vaginal & Laparoscopic)
Hysteroscopy - Diagnostic
Injection Therapy for Veins (Sclerotherapy)
Inpatient Hospitalization
Inpatient Rehab
IV Therapy
MRI Lumbar Spine
MRI Cervical Spine
Non-formulary drugs administered by Caremark
Non-participating Non-Emergency Provider Service (out of Network EPO Network)
Nose and Nasal Septum Surgery (Rhinoplasty, Septoplasty, Submucous Resection of Nasal Septum, or Nasal Septum Reconstruction)
Pain Management

PET Scan
Skilled Nursing Facility Admissions
Spinal Surgery, Removal of Disk (Lumbar)
Transplant Services (Including evaluation, Transplant and Post-Evaluation Service)
Varicose Vein Ligation & Stripping

All services must be an eligible expense under the plan.

Note: All Out-of-Network, Non-Emergency Services require authorization by the EPO at 1-800-255-5541. Failure to obtain authorization will result in non-payment by EPO.

Benefits Summary

SERVICES	IN-NETWORK COVERED
Hospital Inpatient Facility In-Network Inpatient non-network facility Extended Care/Nursing Facility/ Inpatient Rehab (Limit 120 Days) Lab and X-ray Outpatient Surgery Emergency Room Walk-In Clinic	No Co-pay \$150 Co-pay per day confinement with a maximum out of pocket of \$1200 per confinement No Co-pay No Co-pay \$100 Co-pay \$125 Co-pay (Waived if Admitted) \$50 Co-pay
Primary Care Physician (PCP) Services Office Visits - Preventive Care Routine Office Visit PCP & OB/GYN Well-Baby Care Well-Child Care Screen Routine Immunizations Injections Well-Adult Care	\$15 Co-pay \$20 Co-pay 100% After Office Visit Co-pay 100% After Office Visit Co-pay 100% After Office Visit Co-pay 100% After Office Visit Co-pay 100% After Office Visit Co-pay
Specialty Care Physician Services Office Visits - Specialists Inpatient Visits Maternity - OB Physician (Pre- and Post-Natal Care) Chiropractic	\$30 Co-pay No Co-pay \$20 Co-pay (Maximum \$200 per Pregnancy) \$20 Co-pay (Maximum 20 visits per year adjustments only)

SERVICES	IN-NETWORK COVERED	
Other Outpatient Services Diagnostic Home Health Durable Medical Equipment and Prosthetics Ambulance (when medically necessary) Surgery – Outpatient Physical/Speech/Occupational Therapy and Cardiac Rehab	No Co-pay No Co-pay (maximum 120 visits per year) No Co-pay No Co-pay \$125 Co-pay \$20 Co-pay (per visit)	
Vision Services* Annual Refraction Vision Eyewear *See pages 16-17 for more information	\$10 Co-pay (EyeMed) Up to a 40% discount. Up to \$50 credit at EyeMed once every 24 months for vision out-of-pocket expenses from EyeMed.	
Mental Health and Substance Abuse Inpatient (Maximum 30 Days per Year) Outpatient (Maximum 20 Visits per Year)	No Co-pay \$25 Co-pay (per session)	
Prescription Plan* Caremark Generic Medications Preferred Brand Medications Non-Preferred Brand Medications Specialty Pharmacy *See pages 18-19 for an explanation of the Prescription Plan benefits.	Retail \$10 \$20 \$35 N/A	Mail Order \$20 \$40 \$70 \$50

Summary of Benefits

The EPO pays benefits for services or supplies that are medically necessary, subject to the Exclusions and Limitations outlined in the EPO Benefit Guide and the terms and conditions of the Plan including those terms and conditions more completely outlined in the LifeTimes Benefit Choices “Summary Plan Description” (SPD) which is specifically incorporated by reference. To be considered medically necessary, the services or supplies must:

- Be consistent with the diagnosis;
- Meet the standards of good medical practice;
- Be the most appropriate level of service (in the case of hospital inpatient care, this means care that could not be appropriately provided on an outpatient basis);
- Be recognized as an accepted medical practice and have received the required federal approval; and
- Not be primarily for the convenience of the patient.

Subject to the Exclusions and Limitations set forth herein and the terms and conditions of the Plan as outlined in the SPD, the following benefits for Services or Supplies are generally covered, if determined to be medically necessary:

Hospital

- **Inpatient:**
Services and supplies furnished to a registered bed patient, which are provided by a Hospital and regularly included in its charges. The member is entitled to this benefit if admitted after authorization by the EPO and on the order of or with the concur-

rence of the PCP, or if admitted because of a life threatening condition.

- **Skilled Nursing Services:**
Services and supplies which are provided in a skilled nursing facility, in lieu of an acute care facility/ hospital or which constitute skilled nursing care as defined by the Medicare Law.
- **Outpatient Surgery:**
Surgical services as well as preoperative and post operative care and the administration of anesthesia by a Physician, nurse or anesthesiologist when surgery is performed in a Hospital or at a freestanding ambulatory surgery center or a physician's office when authorized by the EPO.
- **Emergency Services:**
Includes the use of emergency room, professional staff, and related diagnostic and therapeutic services.

Primary Care Physician (PCP)

- **Office Visits:**
Consultation, examination, and treatment. Health assessment including medical history, physical examination, necessary laboratory, X-ray, and other diagnostic tests as indicated by the age, sex, previous medical history, and physical examination of the Member. This includes well-child care and routine physicals.

Specialty Care Physician

- **Office Visits:**
Consultations, examinations and

treatment are covered when properly referred by the PCP and authorized by the EPO.

- **Obstetrics:**
For the delivery of a baby under normal conditions of pregnancy and for abnormal conditions of pregnancy and complications of pregnancy, including pre-natal and post-natal care.

You must use a participating provider, unless out-of-network services have been authorized by the plan in advance.
- **Routine Gynecological Examinations:**
Includes a gynecological examination and pap smear for each female Member, by a participating provider without a referral from the Primary Care Physician.

Other Outpatient Services

- **Diagnostic Services:**
Including X-rays and laboratory tests. You may have specimens drawn at your doctor's office or at any in-network lab. **Non-emergency outpatient lab services performed by any laboratory other than the in-network laboratory will not be covered and will be the responsibility of the member.**
- **Home Health:**
Upon the order of, or in concurrence of a PCP and authorized by the EPO, a member is entitled to Home Health Care for conditions which necessitate skilled care but do not require care in a Hospital or Skilled Nursing Facility, and which cannot be satisfactorily treated on an ambulatory basis. Maximum 120 visits per year.

For a more extensive explanation of “Home Health Care” and “Convalescent and Skilled Nursing Facility Care” see those headings under the “Medical Plan” section of your “Summary Plan Description.”

- **Durable/Major Medical Equipment and Prosthetic Devices (including maintenance and repair):**
Non-experimental durable medical equipment will be covered if it is preauthorized by the EPO and meets all of the following criteria: 1) It is used in the treatment of an illness or injury or for the rehabilitation of a malformed body part; 2) It contains movable metal parts and/or other durable materials; and 3) It is able to withstand repeated use.
- **Ambulance Service:**
In those cases where a Member requires emergency care of a life-threatening condition and free transportation is not available through a County or City agency or department, the EPO will cover local or ground emergency ambulance transportation to or from a Hospital for such Emergency Services. Upon prior approval of a PCP and the EPO, a Member is entitled to local ground ambulance transportation to or from a Hospital for inpatient care where no emergency condition exists. Air ambulance if medically necessary will be paid at the allowable amount as determined by the EPO. The EPO will utilize published usual and customary claim and reimbursement data to determine usual and customary reimbursement amounts.

- **Urgent Care:**
All services and supplies received at a participating facility for urgent problems which may require prompt medical attention but are not life-threatening.
- **Physical/Speech & Occupational Therapy:**
Physical therapy, speech therapy, and occupational therapy when prescribed by the PCP and authorized by the EPO.

Emergency Care

When you are in need of emergency care or urgent medical care, you should first contact your EPO PCP. He/she will direct you in obtaining the appropriate level of care. If your EPO PCP is not available, the on-call physician covering for him/her will be able to advise you.

- **Life-Threatening Emergencies:**
In the event of a life-threatening emergency, go to the nearest emergency room. A life-threatening emergency is described as any acute condition that could lead to death, loss of limb or serious medical impairment if not treated immediately. Examples of life-threatening emergencies when medical assistance should be sought immediately are:
 - Broken Bones
 - Shock
 - Caustic substance in the eyes
 - Spinal injuries
 - Major burns
 - Sudden onset of chest pain
 - Poisonings
 - Unconsciousness
 - Seizures

- Uncontrollable bleeding
- Serious breathing difficulties

When using emergency room facilities, you will have a \$125 co-payment at the time of receiving services. The emergency room co-payment does not apply if you are admitted as an inpatient to the hospital within 24 hours. All follow-up care from the emergency room must be coordinated by your PCP.

If you are hospitalized as a result of an emergency room visit, be sure the hospital or your EPO PCP notifies our Medical Services Department of your admission within 24 hours or the next working day to ensure coverage.

- **Urgent Medical Problems:**
Less severe problems may require prompt medical attention; however, you should have time to contact your EPO PCP for instructions. Examples of urgent medical problems are:
 - Heat exhaustion
 - Lacerations
 - Object in the eye, ear or nose
 - Persistent pain

Minor medical problems such as colds, flu and sore throats are not life-threatening or urgent situations and should be treated by your OneSource EPO PCP or his/her covering physician during a scheduled office appointment.

- **Out-of-Area Emergency Care:**
Your membership with the One Source EPO provides for emergency care for true life-threatening emergencies anywhere in the world. If you are temporarily out of the service area and have a life-threatening

emergency or urgent medical problem that can not await your return to your OneSource EPO PCP, go to the nearest emergency room for care. Our Member Services Department must be notified within 24 hours or the next working day if hospitalization is required. Students attending school outside the service area are covered for urgent and life-threatening situations only. Students should return to the service area for any follow-up care or continued care. All routine care must be provided by an EPO physician within the network.

Organ Transplant Services

Transplants that may be covered include: heart, heart-lung, lung(s), liver, bone marrow (under certain diagnoses), kidney, and corneal transplants. For transplant procedure to be considered approved, prior approval from the plan administrator is required in advance of the procedure. You or your Primary Care Physician must notify the administrator in advance of your initial evaluation for the procedure, in order for the plan to determine if the transplant services will be covered. To begin the process of getting a proposed transplant reviewed, call Member Services at 1-800-255-5541.

Mental Health/Substance Abuse Services

In our continuing effort to provide better service, the OneSource EPO has contracted with ValueOptions to manage ALL mental health and substance abuse care for our members.

- **Mental Health and Substance Abuse Inpatient Services:**
Provided at an Affiliated Hospital

when member is referred by ValueOptions for treatment.

Inpatient mental health and substance abuse services are limited to a combined maximum of 30 days per year.

- **Mental Health and Substance Abuse Outpatient Services:**
A ValueOptions care manager will provide assessment, referral and precertification services. Treatment will be provided by licensed individual therapists, accredited treatment facilities and specialized programs authorized by ValueOptions.

Outpatient mental health and substance abuse services limited to a combined maximum of 20 visits per year.

The following procedure must be followed when either mental health or substance abuse services are needed.

Call ValueOptions at 1-800-528-3917. They will be responsible for directing your care and making the necessary referrals. No referral from your PCP is required.

Vision Services

A New Level of Quality in Managed Vision Care

In an effort to provide our Members with the finest vision care products and services available, the OneSource EPO Network has chosen EyeMed Vision Care as the exclusive provider of vision services for the EPO. EyeMed Vision Care's network consists of independent vision providers and LensCrafters locations.

Before receiving an eye exam, always verify with the doctor that he/she participates in the plan.

EyeMed Vision Care will offer only the best in its providers, frames and lenses, providing the highest quality possible to each and every patient. By choosing EyeMed Vision Care, you benefit from having a wide selection of designer and traditional frames, high quality, comprehensive care, hassle free administration and convenient access to locations.

As an added value to your medical benefits, HCA has contracted to provide vision benefits for EPO participants/members who may receive an annual vision exam from an EyeMed Vision Care participating provider for a \$10 co-pay. There is an extra charge for contact lens exam. No referral from your PCP is required for an annual vision exam.

In addition to an annual vision exam, employee members and their dependents in need of vision eyewear (glasses) will receive a 40% discount off frames at participating independent provider locations and at all LensCrafters locations. Contact lens wearers will receive a 15%

discount toward "conventional" (non-disposable) contacts.

Additional OneSource EPO Vision Benefits

The OneSource EPO Network will reimburse members up to \$50 for out-of-pocket expenses related to the purchase of eyewear once every 24 months. To receive reimbursement, send your receipt, along with a request for reimbursement, to the claims address on your OneSource EPO member ID card.

These routine vision services are **only** available at EyeMed. No benefits are available through any other vision provider.

Diseases and/or injuries to the eye are covered services available, with referral, from in-network ophthalmologists.

The OneSource EPO Vision Benefit is already included in your OneSource EPO Medical Deduction.

Vision Plan Overview

The EyeMed Vision Caresm Select Plan covers an eye examination as paid-in-full (except for co-pay) and provides reduced fees for frames, lenses, contact lenses and accessories with an unlimited frequency limitation on these purchases.

Benefit	Frequency	Member Cost
Exams with Dilation:	Once every 12 Months	\$10 Co-pay - Extra charge for contact lens exam
Frames:		
Any frame available at provider location <small>*Retail prices may vary by location</small>	Unlimited	40% of retail price*
Standard Plastic Lenses:		
Single Vision	Unlimited	\$50
Bifocal	Unlimited	\$70
Trifocal	Unlimited	\$105
Standard Progressive	Unlimited	\$135
Lens Option: (paid by the member and added to the base price of the lens)		
UV Coating	N/A	\$15
Tint (Solid and Gradient)	N/A	\$15
Standard Scratch Resistance	N/A	\$15
Standard Polycarbonate	N/A	\$40
Standard Anti-Reflective	N/A	\$45
Other Add-Ons and Services	N/A	80% of retail price
Contact Lenses: <small>(discount applied to materials only)</small> Conventional (non-disposable)	Unlimited	85% of retail price
Lasik	N/A	Please contact Eye Med at 877-226-1115 for discounts off of retail
OneSource EPO Additional Benefit		
\$50 Reimbursement from OneSource EPO Network toward out-of-pocket expenses from EyeMed	Once every 24 months	See "Additional Services" in your OneSource EPO directory for details regarding reimbursement.

All other items eligible for discount beyond plan coverage receive a 20% discount at participating provider's locations (excluding the doctor's professional services and disposable contact lenses). May not be combined with any other discounts or promotional offers.

EyeMed 1-877-226-1115
(Toll Free)

Caremark

Pharmacy Services

All pharmacy services should be obtained through the **Caremark retail pharmacy** network. This network allows for the utilization of over 60,000 pharmacies; including chains and independents.

To obtain a listing of network pharmacies in your area, please call Customer Care toll-free at 1-866-216-5767. They are available 24 hours a day, 7 days a week, 365 days a year.

Below is a list of frequently asked questions about the prescription benefit plan ("Plan").

How does the Plan work?

\$10, \$20, \$35 Retail Co-Pay Plan

Retail <i>(30 day supply at pharmacy)</i>	Mail <i>(90-day supply through the mail)</i>
Tier 1: Generics \$10	Tier 1: Generics \$20
Tier 2: Preferred Brand \$20	Tier 2: Preferred Brand \$40
Tier 3: Non-Preferred Brand \$35	Tier 3: Non-Preferred Brand \$70

HCA is pleased to be able to offer you the option to obtain a 90-day supply of medication at your retail pharmacy. Your physician will need to write your prescription for a 90-day supply. The co-pay will be the same as the mail service co-pay. This option is available at 30,000 retail pharmacies.

What is Generic Medicine?

When a patent has expired on a medicine, other manufacturers are allowed to produce and distribute the product

under a generic name. Generics have the same quality, strength and effectiveness as their brand name equivalents. The color or shape may be different, but the active ingredients must be the same for both. The Caremark Performance Drug List contains only U.S. Food and Drug Administration (FDA)-approved generic medicines.

What is a Preferred Brand Name Medicine?

A preferred medicine is included on the Caremark Performance Drug List after being carefully reviewed by the Caremark National Pharmacy and Therapeutics Committee. The Committee, which includes practicing doctors and clinical pharmacists, reviews medications for their safety and effectiveness. Please contact Caremark for the most up-to-date list.

What is a Non-Preferred Brand Name Medicine?

A non-preferred medicine is a medicine that is not included on the Caremark Performance Drug List. While you can still receive this type of brand name medicine, you will usually have a higher co-pay than you would if you chose a medicine on the Caremark Performance Drug List.

What if I choose a Brand Name Medicine when a Generic equivalent is available?

If you choose a brand name medicine when a generic equivalent is available, you will pay the co-pay for a brand name drug plus the difference in cost between the brand name and the generic equivalent (whether on the Caremark Drug List or not). This

applies whether your doctor has written "dispense as written" or when you request the brand name and a generic equivalent is available.

What is the Caremark Performance Drug List?

The Caremark Performance Drug List is a list of recommended prescription medications that is carefully reviewed and continually updated by the Caremark National Pharmacy and Therapeutics Committee. It contains a wide range of preferred products that have been approved by the FDA. Your doctor can use this list to select medications for your healthcare needs, while helping to maximize your prescription drug benefit. The Caremark Performance Drug List applies to medications that are dispensed in both the retail and mail service pharmacies.

Are there any limitations on medicines?

Yes, some medicines and injectables require prior approval with Caremark (exceptions are Vitamin B12, E.H.E., Imitrex, Epi-Pen, Glucagon, Insulin, Rhogam, Synvisc, Syragis and Depo-provera). Prior authorization is required for Retin-A products after age 29, growth hormones, Testosterone, Enbrel, Prolastin, Cerezyme, Ceredase, Lamisil, Sporanox and Tazo'rac.

Other drugs have specific quantity limits per prescription:

Anti-migraine agents limits listed below:
Amerge 18 tablets, Axert 18 tablets, Frova 9 tablets, Imitrex injection kits-2 kits (4 injections); Imitrex injection vials-

12 vials; Imitrex nasal spray-12 units (2 packages); Imitrex -27 tablets; Maxalt-18 tablets; Relpax-9 tablets; Zomig- 18 tablets, Zomig Nasal Spray-6 units (1package).

Relenza 20 capsules/180 days; Tamiflu 10 capsules/180 days; Tamiflu oral liquid 75ml/180 days Stadol nasal spray: 3 bottles (9ml)/30 days; Toradol 20 tablets/30 days

This page contains prescription brand name drugs that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark.

Please note that this list is subject to change. Contact Caremark toll-free at 1-866-216-5767 for a complete up-to-date list or if you have any questions. You are responsible for the cost of medications in excess of the limits.

Specialty Pharmacy Services

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medicines. Caremark Connect provides these products within a 30-day supply directly to you along with special support including regular phone calls to answer questions about using the medicine. You are also provided with a pharmacist-led care team for ongoing support and counseling. You may reach Caremark Connect at 800-237-2767. Specialty Pharmacy co-pay is \$50.

Exclusions & Limitations

EPO Exclusions and Limitations

The following are exclusions or limitations under the OneSource EPO Network:

- Surgery for cosmetic purposes will not be covered.
- Cosmetic therapy or surgical procedures primarily for the purpose of restoring or altering appearance, whether or not for psychological or emotional reasons and regardless of the cause whether traumatic, congenital, developmental or other, with the exception of breast reconstruction following a medically necessary mastectomy and plastic surgery performed to correct conditions resulting from congenital defects when certified as medically necessary by the member's PCP and the EPO. The exclusions include but are not limited to: surgical excision or reformation of any sagging skin on any part of the body including, but not limited to, the eyelids, face, neck, abdomen, arms, legs or buttocks; services performed in connection with the enlargement, reduction (except where coverage specifies), implantation or change in appearance of a portion of the body including, but not limited to, the breast, face, lips, jaw, chin, nose, ears or genitals; hair transplantation; chemical face peels or abrasion of the skin; electrolysis depilation; or any other surgical or non-surgical procedures which are primarily for the purpose of restoring or altering appearance. This provision does not exclude services or benefits that are primarily for the purpose of restoring a normal bodily function.

Breast Services

- Breast reconstructive surgery is a covered benefit only if the surgery is the result of a medically necessary mastectomy.
- Reduction mammoplasty is not a covered benefit.
- Breast augmentation is considered cosmetic and is not a covered benefit.
- Excluded: Breast implant removal without documented proof of leakage from the implant.

Notice of the Women's Health and Cancer Rights Act of 1998

If you and/or your covered dependents are covered under EPO medical option, you should be aware of the following information under the Women's Health and Cancer Rights Act. The normal referrals, authorizations and co-payments apply to this coverage. For example, you must coordinate your care through your PCP; otherwise, you will be responsible for charges you incur.

Any person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction will have coverage in a manner determined in consultation with her PCP or Plan approved specialist for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction on the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Dental Services

- **The following services are limited:** Oral and surgical procedures which are prescribed by a Primary Care Physician and approved by the EPO and which 1) are necessary due to an injury involving the jaw bones or surrounding tissue; 2) are necessary to correct a non-dental pathological condition such as a cyst or tumor; 3) are the result of traumatic injury to sound, natural teeth (excluding replacement).
- **The following services are excluded:** All other dental services except those related to the treatment of accidental injury to restore sound natural teeth. This does not include injuries related to normal use of teeth including, but not limited to, grinding, biting and chewing.

Durable Medical Equipment ("DME") and Supplies

- **Limited:** Braces used in the treatment of an illness or injury or for the rehabilitation of a malformed body part and required to assist with activities of daily living.
- **Limited:** Two prosthetic bras per year.
- **Limited:** External prostheses such as artificial legs, arms and eyes and terminal devices, hands or hooks, whether or not an artificial limb is required by the patient. The EPO will provide repair, adjustment or replacement of covered items when required due to change in the member's condition as determined by the EPO and the member's Primary Care Physician, unless an item has been poorly cared for or purposely damaged. The EPO will provide replacement of prosthetics for members age nineteen (19) and older no more frequently than once every thirty-six (36) months; replacement of prosthetics for members under age nineteen (19) will be provided as needed due to growth (to be determined by the EPO and the Primary Care Physician.)

- **Limited Benefit:** EPO will pay up to \$500 towards the purchase of a wheelchair, either motorized or non-motorized when approved by EPO Medical Director. Repair for non-motorized wheelchairs due to normal wear and tear is covered when performed by an in-network provider. Repair for motorized wheelchairs is not a covered benefit.
- **Excluded:** Purchase or rental of supplies of common household use such as: exercise cycles, air purifiers, central or unit air conditioners, water purifiers, allergenic pillows or mattresses, waterbeds or scales.
- **Excluded:** Purchase or rental of motorized transportation equipment, escalators or elevators, saunas or swimming pools.
- **Excluded:** TED hose.
- **Excluded:** Disposable medical supplies and equipment.
- **Excluded:** Furnishing, fitting, or installation of eyeglasses or contact lenses, except the first pair of eyeglasses or contacts needed due to cataract surgery or an accident that occurs while covered under the EPO, if eyeglasses or contacts were not needed prior to accident.
- **Excluded:** Health or beauty aids, wigs.
- **Excluded:** Batteries that can be purchased over the counter.
- **Excluded:** Breast pumps.
- **Excluded:** Furnishing, fitting or installation of hearing aids.

Miscellaneous Exclusions and Limitations:

- The treatment of sexual dysfunction or inadequacies, including but not limited to, impotence and implantation of a penile prosthesis.
- Impotence Injection Therapy Treatment resulting from other than organic origin or accidental traumatic injury.
- Treatment for impotence caused by psychogenic factors.
- Drugs to treat impotence.

Exclusions & Limitations (cont.)

- TMJ
- Sex changes.
- Sex therapy.
- Reversal of sterilization including services or supplies.
- Infertility agents.
- All services and treatment related to infertility including in vitro fertilization, embryo transplants, including GIFT and ZIFT.
- Elective abortion.
- Circumcision, other than newborn, unless medically necessary.
- Maternity benefits for a surrogate mother.
- Any care, treatment or supplies received outside the service area: 1) if the member could have reasonably foreseen his or her need prior to departure from the service area; or 2) which are not authorized by the EPO in the schedule of emergency coverage by non-participating providers or to the extent they exceed reasonable costs.
- Any service, supply, care or treatment provided to the member without the authorization of his or her Primary Care Physician, unless the member is receiving emergency services.
- Behavioral training and vocational rehabilitation.
- Services in connection with long-term speech, hearing or occupational therapy beyond the 60 consecutive days of therapy benefit.
- Rehabilitative services including, but not limited to, hydrotherapy, education, and riding therapy.
- Psychiatric residential treatment facilities (RTC).
- Environmental investigation.
- Acupuncture.
- Biofeedback.
- Hypnotherapy.
- Refractive Keratoplasty or Radial Kerotomy or Lasik Photorefractive Keratectomy.
- Non-medical self-care or self-help training and any related diagnostic testing or medical social services.
- Genetic Testing (Oncotype DX is considered an eligible expense when criteria is met)
- Custodial care, such as help in walking, getting out of bed or any service of non-professional personnel.
- Any Health services provided by the member's parent, spouse, brother, sister, child or self.
- Convenience or personal care items.
- Routine foot care, except with concomitant metabolic disease such as diabetes.
- Private or special duty nurse(s), private duty attendants or home health aid(s).
- Provisions of personal convenience items or services such as barber services, guest meals, radio and television rentals, and other like items and services.
- For inpatient services, accommodations are limited to semi-private rooms unless, according to the EPO's determination, a private room is medically necessary.
- Inpatient treatment of bulimia, anorexia or other eating disorders which consist primarily of behavior modification, diet and weight monitoring and educational services.
- Services rendered as a result of participation or attempted participation in a felony or misdemeanor. Services rendered as a result of a commission or attempted commission of any illegal act.
- Care for conditions that a state or local law requires to be treated in a public facility and non-covered services ordered by a court of law.
- Experimental medical, surgical, or other health procedures.
- Care for military services-connected disabilities for which the member is legally entitled to services and for which facilities are reasonably available to the member.
- Examinations specifically for the purpose of obtaining employment or insurance, or examinations precedent to engaging in recreational activities except when the examination is part of the periodic health examination of the member.
- Physical, psychiatric, psychological exam or testing, vaccinations, immunizations, treatment or testing not otherwise covered, when such services are for purposes of medical research, employment or insurance, to obtain or maintain a license of any type, or for the purpose of school physical exams.
- Education or training, except when related to care or treatment of a specific illness or injury.
- Treatment of complications arising from or connected with a surgical or medical treatment of a non-covered treatment.
- Treatment for mental retardation and mental deficiency.
- Cosmetics.
- Dietary supplements.
- Nutritional formulae.
- Services provided in connection with obesity, including surgical procedures such as gastric stapling, gastric bypass, and any other procedures and experimental services specifically used for treatment of obesity, weight reduction, or dietary control, whether or not it is a part of the treatment plan for any other sickness except for federal legened weight loss medication if medically necessary.
- Hair analysis.
- Shoes of any kind, including custom made and/or orthotic shoes and inserts or other devices used as part of the shoe.
- Cochlear implants including the implants themselves, any service for the implantation, repair, maintenance, and/or adjustment of these devices.
- Services rendered through a research program, study program or any investigational program.
- Travel and transportation expenses, other than emergency situations, when free transportation is not available through a county or city agency, such as ground ambulance unless approved in advance by the EPO.
- Sickness or injury for which the member refuses to accept the recommended care and treatment of his or her physician when the physician believes that no professionally acceptable alternative exists. When a member signs themselves out of a hospital against medical advise (AMA), the entire hospitalization will not be covered.
- Experimental and/or investigational drugs and/or procedures; except when determined, on a case by case basis, depending on the patients history, availability of alternative treatments and preliminary results of phase III clinical trials. This provision applies when condition is considered terminal, the member has failed standard therapies; no effective non-experimental treatment exists for this condition.
- Services prior to the effective date of coverage or after the termination date of coverage.
- Services rendered as a result of suicides, attempted suicide, or any self-inflicted injury while sane or insane, unless as the result of a health condition.
- Services rendered for any illness or injury as a result of an act of war whether declared or undeclared.
- EPO will not pay or be responsible for charges over and above the allowable amount for all non-hospital services, whether medically necessary covered services or not, as determined by the EPO. The EPO will utilize published usual and customary claims reimbursement data to determine usual and customary reimbursement amounts.
- Any service, supply, care or treatment that is not described as covered in this Benefit Guide or any rider attached to and made a part of the EPO.

Facts to Know

Co-payments:

The EPO has co-payments for some specified covered services. Co-payments are payments that you are responsible for at the time you receive the medical service. Refer to the Benefits Summary section of this EPO Benefit Guide for the specific co-payment amounts.

Claim Processing:

EPO claims for covered services received by a member will be submitted by the service provider directly to the EPO. There are no claim forms for a member to complete. In addition, EOB (Explanation of Benefits) for covered services will be sent directly to the service provider and the member.

Below is a chart to help you find other important provisions that are contained in the LifeTimes Benefit Choices Summary Plan Description (SPD) that also govern the EPO benefit option. Please refer to this section for complete information. If you need another copy of the SPD, call LifeTimes Connection at 1-800-566-4114.

Allowable Amounts:

Please note that non-hospital covered services received from providers that are not in our network are limited to usual and customary allowable amounts. See Exclusions and Limitations.

Can be referenced at www.HCArewards.com.

Provision	SPD Web Site Section
Eligibility, Participation, Cost of Coverage, When Coverage Begins, When Coverage Ends, and If You Take a Leave of Absence	Getting Started (Health & Group)
Case Management	Your Health (Medical, What Else to Know)
Coordination of Benefits	Your Health (Medical, What Else to Know)
Understanding a Claim Denial, Request for Review if your Claim is Denied, Following the Procedures for Appeal, Statute of Limitations	Your Rights (Administrative Information, Claims and Appeals)
Your Rights: Receiving Information About Your Plan and Benefits, Continuing Group Health Plan Coverage, Prudent Actions by Plan Fiduciaries, Enforcing Your Rights, Getting Answers to Your Questions, and Special Rights When Having a Baby	Your Rights
HCA's Rights: When Benefits May Change or End, and Subrogation and Reimbursement	Your Rights
Basic Administrative Information: Plan Year, Plan Sponsor and Plan Administrator, Plan Administrator Discretion, Plan Structure, Amendment and Termination, Funding and Plan Delegation, and Plan Identification Information	Your Rights
Continuation of Group Health Coverage (COBRA)	Your Rights

Coordination of Benefits Letter

Important Notice:

Our claims processor (CBCA) will send a letter to you when they receive the first claim of the year for you or covered family members. When you receive this letter, simply call Member Services at 1-800-255-5541 and answer their questions about other health coverage you may have. **IF YOU DO NOT RESPOND, YOUR CLAIMS WILL BE DENIED!**

Workers' Compensation

The OneSource EPO Network will not make payments for any medical services which are the result of a work-related injury and which would be compensable under an approved Florida workers' compensation insurance policy, whether or not such a policy was in force at the time of the injury.

Member Cards

Always keep your member card with you. You will be required to present it whenever you receive care. Your member card lists your Subscriber Number, Primary Care Physician, his/her office number and the effective date, as well as co-payment information. If you have questions about this information, our Member Services Department will be glad to assist. Please carefully check your member card to be sure the information is correct. If you lose your member card, call Member Services to request a new card.

Note: Member cards will **not** be provided to members who have **not** selected a PCP. PCP's must be selected from the specialties of: Family Practice, Internal Medicine, General Practice, or Pediatrics only.



OneSource EPO Network 2009

Serving the MCA East Florida Division