



Your benefit summary

		A Plan
Medical Plan Coverage, administered by Centivo 		CONTRACTED AND NON-CONTRACTED PROVIDERS*
Plan features	Deductible (individual / family)	None
	Out-of-pocket maximum (individual / family)	\$4,000/\$12,000
Preventive care	Preventive care (annual physical, immunizations, and screenings)	FREE
	Office visit (primary care)	\$25 copay
	Office visit (specialist)	\$40 copay
Office visits	Behavioral health – outpatient services	\$40 copay
	Therapeutic services (physical, occupational, speech therapy)	\$40 copay
	Chiropractic services	\$40 copay (max 20 visits per year)
Diagnostic procedures	Diagnostic test (such as X-rays or bloodwork) when performed in PCP or specialist office or independent facility	FREE
	Diagnostic test (such as X-rays or bloodwork) when performed in hospital setting	\$55 copay, then 20% coins
	Imaging (such as MRIs and PET scans) when performed in freestanding facility	\$275 copay
	Imaging (such as MRIs and PET scans) when performed in hospital setting	\$275 copay, then 20% coins
Hospital and outpatient facilities	Outpatient surgery: <ul style="list-style-type: none"> Physician / surgeon fees Facility fees 	<ul style="list-style-type: none"> \$110 copay \$330 copay, then 20% coins
	Inpatient surgery, including physician / surgeon fees and facility fees	\$550 copay, then 20% coins
	Hospital stays, including physician / surgeon fees and facility fees	\$550 copay, then 20% coins
Pregnancy expenses	Office visits & childbirth/delivery professional services	\$330 copay
	Childbirth/delivery facility services	\$275 copay
	Urgent care visits	\$40 copay
Emergency care	Emergency room	\$220 copay**
	Ambulance	\$220 copay

Prescription Drug Coverage, through MaxorPlus 		CONTRACTED PHARMACIES***
Plan features	Pharmacy deductible	None
	Pharmacy out-of-pocket max (individual / family)	\$4,000/\$12,000 (combined with medical)
	Generic drugs	30-day supply at retail: Walmart/Moore's Pharmacy: \$0 copay All other network pharmacies: \$10 copay Up to 90-day supply at Walmart or mail order: \$0 copay
Drug type	Preferred brand drugs	30-day supply at retail or mail order: The greater of: \$35 or 50% copay (up to a max of \$100 per Rx) Up to 90-day supply at Walmart or mail order: The greater of: \$70 or 50% copay (up to a max of \$200 per Rx)
	Non-preferred brand drugs	Not covered
	Specialty drugs	25% of cost of Rx copay, up to a \$2,500 calendar year max out-of-pocket (Specialty drugs must be purchased through Maxor Specialty Pharmacy)

View the full plan details in the Centivo app or member portal in the Coverage section.

Dental Plan Coverage, administered by Centivo 		Group Dental Plan
If you also enrolled in the Group Dental Plan, you'll have the following benefits:		
Calendar year deductible (individual / family)		\$50/\$150
Type A services: preventive/diagnostic (prophylaxis/perio prophy-2/yr, fluoride-1/yr-<19yrs, oral exams-2/yr, bitewings-2 series/yr, panoramic/complete series-1/36mo, X-rays, sealants <14)		100% covered, deductible waived
Type B services: basic restorative care (restorative, including inlays/onlays/crowns; endodontics, including root canals; periodontics; prothodontics, removable-adjustments, repairs, rebasing & relining; emergency palliative treatment)		80% covered
Type C services: major restorative care (gold foil/inlay restorations, porcelain inlay, crowns, complete dentures-partial dentures-fixed bridges-bridge pontics (installed over 5 yrs prior), retainers)		50% covered
Calendar year benefits maximum		\$1,250
Additional details		Charges are limited to Usual & Customary fees General not covered items: Orthodontia, oral hygiene, implants, splinting (not all inclusive) Claims filing deadline: 1 year from date of service

* If you see a non-contracted provider, you might receive a balance bill for the difference between the provider's charge and what your plan pays.

** If you use the emergency room for non-medical emergencies, you will be charged a \$440 copay.

*** All CVS and Walgreen Pharmacies are excluded from the network; you will pay 100% of the cost of the drug if you use a CVS or Walgreens Pharmacy.

How to access more information about your benefits



Centivo App and Member Portal: **Text "DOWNLOAD" to 65021 or visit my.centivo.com**

You can access the Centivo app and member portal 24 hours a day to manage your medical benefits. Download the Centivo app by texting "DOWNLOAD" to **65021** or visiting your app store. Or go to **my.centivo.com***. Here you can access your medical plan details, view cost information and Explanation of Benefits statements (EOBs) for any healthcare you receive, view or print your electronic ID card, send a message to the Asserta Health Concierge Team, and more. You will need to create an account the first time you visit the site using your Centivo member ID, which can be found on the front of your Centivo member ID card.



Finding a contracted provider:

You can find the roster of contracted medical providers and facilities under "Find Care" in the Centivo app or the member portal at **my.centivo.com**.

You also have access to non-contracted medical providers under the A Plan. However, if you use a non-contracted healthcare provider and do not work with Asserta Health to plan for that care, you may receive a balance bill — this is a bill for the difference between the provider's charge and what the A Plan pays for healthcare services.

If you enrolled in the Group Dental Plan, there are no contracted providers — you are able to visit any dentist of your choosing. If the dentist's charges are above what is considered Usual & Customary, you will be billed for the balance of the cost of any care you receive.



Asserta Health Concierge Team: **877-228-4298**

The Asserta Health Concierge Team is here to support you with all your healthcare needs, from answering questions about your benefits to helping you find providers to arranging for cash payments for any scheduled surgeries or procedures, which will result in no out-of-pocket costs for you. In addition, the Asserta Health Concierge Team will support you if you receive a balance bill from a non-contracted provider (a bill for the difference between the provider's charge and what your plan pays.)

You can call the Asserta Health Concierge Team any time for questions on your benefits, available Monday through Friday from 8 am to 6 pm Central Time at **877-228-4298**.



Pharmacy Information:

Pharmacy benefits are provided by MaxorPlus. You can view a list of participating pharmacies, as well as the list of covered medications under your pharmacy plan, by accessing the MaxorPlus app or member portal at **members.maxorplus.com**. You will need to create an account the first time you visit the site using information found on your Centivo member ID card.

* You can access my.centivo.com using the following browsers: Apple Safari, Firefox, Google Chrome, or Microsoft Edge. Internet Explorer is not a supported browser.

Understanding your plan

The doctors you can see

The A Plan has a large number of contracted providers for you to choose from. **When you use a contracted provider, you will only be responsible for copay costs for the care you receive.**

If you need access to a provider that's not currently contracted with San Patricio County, you also have access to any doctors, hospitals, or facilities in the US. Your plan pays them through a payment method known as Reference-Based Reimbursement (RBR). In addition, when you work with Asserta Health to find a specialist or provider, **your out-of-pocket cost will be waived.**



What is Reference-Based Reimbursement?

Reference-Based Reimbursement is what your employer uses to set the payment to medical providers.



With Reference-Based Reimbursement, payments to medical providers are based on what is considered reasonable, and are calculated by taking into account the payment that the medical provider has agreed to accept from Medicare and other programs.

For services through your health plan, medical providers are generally getting paid significantly more than from Medicare.

Reference-Based Reimbursement is a relatively new concept to employers, plan members like you, and even to providers, making it important to provide support and communication to all.

Your Asserta Health Concierge: Here to support you



San Patricio County and Centivo have partnered with Asserta Health to be the team that administers Reference-Based Reimbursement for your plan and support you when needed. You have an Asserta Health Concierge available to help you in case you have any problems before, during, or after you get care.

Your Concierge's role is to:

- Educate your providers about your health plan's Reference-Based Reimbursement payment methodology and cash payment options
- Make outreach to your providers in an effort to negotiate a cash price or gain acceptance of the plan's reimbursement amount as payment in full
- Provide support to you if you receive a balance bill* from your provider—such as disputing the charge on your behalf, negotiating for a settlement, and (in rare cases) providing assistance if a provider sends the bill to collections

Call the Asserta Health Concierge Team at 877-228-4298 any time you need help or whenever you need to see a specialist or non-contracted provider, so that they can help you to find a provider and make outreach to your provider in advance of your appointment.

*A balance bill is a bill from your provider that shows a higher amount owed than what is shown on your EOB.

Make sure you are paying the right amount for any care you receive

After you receive care, you'll receive an Explanation of Benefits (EOB) from Centivo that outlines the amount you owe to your provider for the care received. Be sure to compare this amount to the statement you receive from your provider to ensure they match.

If your provider asks you to pay a higher amount than what is stated in your EOB, contact the Asserta Health Concierge Team at 877-228-4298 right away.

Frequently asked questions

A doctor/other provider says that they do not accept my insurance. What do I do?

Sometimes this happens if the provider's office does not recognize the logo on your ID card. Explain that your health benefits can be verified by contacting Asserta Health at the toll-free number on the back of your ID card.

What if the provider asks me to pay more than what my health plan says I owe?

If this happens, contact the Asserta Health Concierge Team at 877-228-4298 for assistance.

How will I know if I should pay my bill or if I am being balance billed?

The Centivo EOB shows how much you owe. When you get your statement from your provider, compare the amount they are billing to your EOB. If the amount on the statement is more than that on your EOB, you are being balance billed.

What should I do if I get a balance bill?

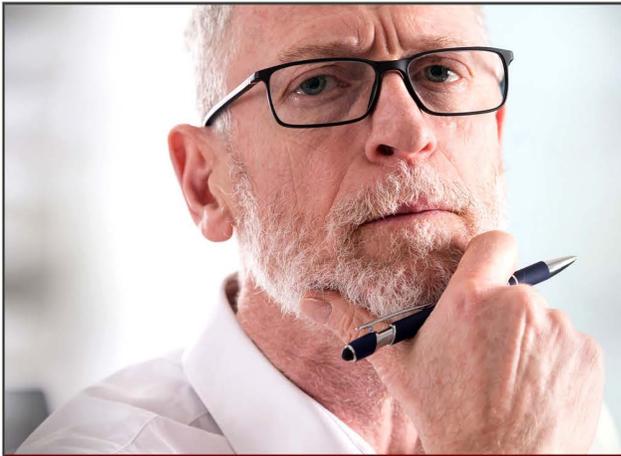
Contact the Asserta Health Concierge Team immediately. Be prepared to send us a copy of the front and back of the provider statement. Once the team member verifies that the statement you received is truly a balance bill, your Asserta Health Concierge will send you a balance bill kit. Once you receive your kit, you should review the materials and sign and return the required forms to Asserta Health as soon as possible. **Under the Fair Credit Billing Act (FCBA), you have 60 days to dispute a balance bill with the provider.**

When does the 60-day timeline start for filing a dispute?

The 60-day timeline begins on the date of the stamp on the envelope of the first statement you receive from the provider. If you did not keep the envelope, it begins on the date on the first statement you receive from the provider.

Should I make any payments on the statement I receive?

Pay only the balance you owe, as stated in your EOB from Centivo. If you cannot pay the entire balance at one time, make payment arrangements on the balance owed, or make a monthly, good faith payment against it. Never sign a payment plan or verbally agree to pay an amount that is greater than what you owe, per the EOB.



Do You Need An Expensive Surgery or Diagnostic Test To Improve Your Quality of Life?

Asserta Health Can Help You SAVE Money!

Q. What is Asserta Health?

A. Its a healthcare "Concierge Service" that helps members of our medical plan lower out-of-pocket costs by choosing high-quality providers who offer affordable cash prices.

Q. When Should I Contact Asserta Health?

A. Whenever one of your medical providers recommend a major diagnostic exam or surgery that can be planned in advance, contact Asserta Health Concierge Service first.

Q. Why Should I Contact Asserta Health?

A. Your health plan has partnered with Asserta Health Concierge Service to help YOU and the plan save money. The good news is all Out of Pocket costs are waived when you use Asserta Health.

Q. How Does the Program Work?

A. When you contact Asserta Health, your concierge will asked you questions to understand the procedure you need and help you choose a high-value provider. They will attempt to negotiate a cash price for your procedure that is less than your medical plan's typical cost. When you, the provider, and the plan agree to the cash rate, then Asserta Health will walk you through the steps to get the procedure scheduled, make sure any required pre-certification is completed, and prepare to pay the full cash price when you receive care.

"It's Simply a Better Way to Pay for Health Care."

Call Today (877) 228-4298

Following these 7 steps will help you save money.



Call Today and Save (877) 228-4298



What Can Asserta Health Do For You?



“We Believe No One Should Have to Navigate the Cost and Complexity of Healthcare Alone.”

One Phone Number to Call for All the Healthcare Help You Need

- *If you need help finding the right doctor? We can help.*
- *If you need a medical procedure and want to save money. We can help.*
- *If you’ve had a procedure and get an unexpected Balance Bill. We can help.*
- *If you have a question about benefits or pre-certification. We can help.*

“Asserta Health is with you every step of the way. From choosing a quality doctor to coordinating your healthcare procedure. Providing peace of mind and saving you money.”

“It’s Simply a Better Way for You to Navigate and Pay for Healthcare.”

Call Today (877) 228-4298

