

ENTRUST
Health. Planned.



LT Home Healthcare
Employee Benefit Plan Trust

Doc MEC Plan - A

Effective : May 1, 2019
Group No.: 962000

Non-Grandfathered Plan

INSIDE THIS BENEFIT GUIDE

TABLE OF CONTENTS

HOW YOUR PLAN WORKS	2
ELIGIBILITY	3
DOC "MEC" PLAN A BENEFITS	4-6
ADDED VALUE	7
FREQUENTLY ASKED QUESTIONS	8
BENEFIT ID CARD SAMPLE	9
ENFORMED+	10

HOW YOUR PLAN WORKS

NETWORK INFORMATION

PPO Limited Benefit Networks: Your PPO network is First Health Network. For questions about the First Health Network you may access the directory on the Internet at www.firsthealthlbp.com or telephone them toll free at (800) 226-5116. There is no guarantee that your current provider participates in the network, so you must talk to your physician prior to utilizing their services to assure their network affiliation.



NETWORK PROVIDERS
The Allowable Amount for Network Providers will be the contracted discounted amount according to your PPO Network.

NON-NETWORK PROVIDERS
Are subject to the Plan Allowable Amount.

IMPORTANT NOTICE ABOUT BALANCE BILLING

When you receive health care services from a network provider, they may refer services related to your treatment to non-network providers which may expose you to expenses not covered by your Plan. When this occurs, the difference between what your Plan allows and what the provider charges or accepts may be different. This "gap" may result in what is called "**balance billing**". To avoid balance billing, you should inquire whenever possible whether the charges of the provider will be satisfied by the Plan's Allowable Amount as stated in your SPD/Plan Document in the definitions section. Assistance in determining provider billing amounts and referrals to vendors who will assist with pre-negotiation of services is available by calling Entrust.

WHO TO CALL FOR QUESTIONS

Entrust: Our benefit program will be fully administered by Entrust, a professional contract administration firm. To assure quality service and communications, Entrust will be handling all claims and benefit questions. Claim forms, envelopes and instructions for filing claims will be made available in our office; however, you will be responsible for filing your own claims directly with Entrust. PPO providers should send claims directly to Entrust; however, this depends entirely on the physician you choose. Please make sure you keep a photocopy of your bills before mailing them to Entrust in the unlikely event they are lost in the mail. You may contact Entrust at:



For claims, eligibility and accumulators, or just to view your ID card, download the Entrust Enformed+ App.

Register a member account at:
www.enformed.com



22322 Grand Corner Dr.
Ste. 200 Katy, TX 77494

In Corpus Christi: (361) 814-7878 In Houston: (281) 368-7878 Toll Free: (800) 436-8787

ELIGIBILITY

FULL-TIME EMPLOYEES that work at least 30 hours per week are eligible for coverage on the 1st day following 60 days of Employment or Full Time Status.

IMPORTANT STEPS FOR YOUR ENROLLMENT PROCESS: You must complete your enrollment within 31 days of your eligibility date, otherwise you will not be able to enroll in the LT Home Healthcare EBPT until the next annual open enrollment unless you have a qualifying life event.

ELIGIBLE DEPENDENTS

- Legal spouse
- Any child of an eligible employee up to age 26
- Any child under legal guardianship of the eligible employee up to age 26
- Step-children of eligible employee up to age 26
- Dependent child(ren) required to be covered through a Qualified Medical Support Order
- Any child meeting the criteria above who is over the age 26 and legally incapacitated
- All employees must either accept or waive coverage

LIFE EVENTS

- Birth or adoption of a child
- Marriage or divorce
- Death of spouse and/or dependents
- Dependent's loss of eligibility
- Gain/loss of health care coverage of spouse due to employment changes
- Taking an unpaid leave of absence
- You or your spouse become eligible or ineligible for Medicare benefits
- Other such event Plan Administrator determines to be permitted under I.R.S. Section 125 or other applicable guidelines issued by the I.R.S.
- Gain/loss of eligibility for Medicaid/CHIP (60 days to enroll/cancel coverage rather than 31 for all other life events)

The change to your benefit election must be consistent with the change in family status (i.e. birth of child allows the Plan to add a newborn but does not allow you to drop your current coverage). Newborn children of an eligible employee will not be covered from the moment of birth unless enrollment for the child as a dependent is completed within 31 days from the child's date of birth.



EMPLOYEE COST TO PARTICIPATE SEMI MONTHLY	PLAN A
Employee Only	\$53.18
Employee & Spouse	\$80.43
Employee & Children	\$89.93
Employee & Family	\$106.93

This is a benefit guide only. Please refer to your Plan Document or Summary Plan Description (SPD) for further details on the benefits offered and any exclusions or limitations. This Plan is not subject to pre-existing limitations or exclusions.

COVERED SERVICES	NETWORK & NON-NETWORK PROVIDERS
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Deductible	Not Applicable
Coinsurance	100%
Maximum Out-of-Pocket <i>(Includes Deductible, Coinsurance & Copays)</i>	
Individual	\$6,850
Family	\$13,700
Note: The Maximum Out-of-Pocket for Network & Non-Network Providers is Combined.	
Lifetime Maximum Benefit All Medical Benefits	Unlimited

Note: For Medically Necessary Services rendered by a Network or Non-Network Provider, the Benefits of the Plan will be provided after the deductible has been met until out-of-pocket amounts are reached each Plan Year. Thereafter, this Plan will provide benefits at 100% of the Allowable charge for the remainder of the Plan Year for all covered medical expenses, unless otherwise specified. Any balances of charges not covered by this Plan will be the responsibility of the plan participant to pay.

COVERED SERVICES	NETWORK & NON-NETWORK PROVIDERS
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Subject to Plan exclusions and limitations, the Allowable Amount for Network Providers will be the contracted allowable amount; and, the Allowable Amount for Non-Network Providers is based on a limited fee schedule.

Physician's Office Visit Includes all related services performed plus allergy testing and treatment, x-rays and laboratory tests. <i>Excludes in-office Surgery</i>	\$10 Copay, then covered at 100% <i>(Subject to the Plan Allowable Amount)</i>
Preventive Care (Includes screenings, counseling, immunizations, birth control and other preventive care services) <i>For additional information, see the Preventive Care Services section of the Plan Document or https://www.healthcare.gov/coverage/preventive-care-benefits/</i>	Covered at 100% <i>(Subject to the Plan Allowable Amount)</i>
Specialist's Office Visit Includes all related services performed plus allergy testing and treatment, x-rays and laboratory tests. <i>Excludes in-office Surgery</i>	\$25 Copay, then covered at 100% <i>(Subject to the Plan Allowable Amount)</i>
Convenience Care Clinic <i>Charges must be on the same bill as the visit charges and incurred at the same time as the visit</i>	\$10 Copay, then covered at 100% <i>(Subject to the Plan Allowable Amount)</i>

COVERED SERVICES**NETWORK & NON-NETWORK PROVIDERS****Urgent Care Clinic & Physician Services**

Hospital and Freestanding Facility

\$35 Copay, then covered at 100%
(Subject to the Plan Allowable Amount)**Laboratory and/or Radiology**Freestanding Facility Only
Excludes Emergency Room
Excludes MRIs, CT & PET Scans\$10 Copay, then covered at 100%
(Subject to the Plan Allowable Amount)**Outpatient MRIs, CT & PET Scans***MRI's, CT and PET Scans at a One Call Care Facility will be provided at a discounted rate.*

Not Covered

Emergency Room**Hospital & Physician Services**Emergency Services/Accidental Injury
No pre-authorization required for Emergency Services.

Not Covered

Hospital Service**Inpatient/Outpatient**

Daily Room and Board limited to the charges up to the semi-private room rate, unless the hospital only has private rooms available, then it will be the private room rate.

Not Covered

*Intensive Care Unit limited to the Hospital's ICU charge.***Surgery**

- Inpatient Hospital
- Outpatient Hospital
- Ambulatory Surgical Facility
- In Office Surgery

Not Covered

Outpatient Physical Therapy

Not Covered

Outpatient Occupational Therapy

Not Covered

Outpatient Speech Therapy

Not Covered

Maternity Services

(Employee and Spouses Only)

Benefits will be the same as those stated under each covered services category.

Outpatient**Chemotherapy/Radiation/IV Therapy**

Hospital, Freestanding Facility or Physician's Office

Not Covered

Mental Health/Substance Abuse

Not Covered

Chiropractic Services

Not Covered

Dialysis Services

Not Covered

Organ/Marrow/Tissue Transplants

Not Covered

All Other Services

Unless otherwise specified in the Plan Document

Not Covered

PLAN A PRESCRIPTION DRUG SERVICES

Southern Scripts will be the Prescription Benefit Manager for your Rx Program. You will see their logo and information on your ID Card. You can go to any pharmacy of your choice, however; you will notice greater discounts by utilizing a pharmacy in the Southern Scripts First Choice Network.

COVERED SERVICES	30-DAY SUPPLY	90- DAY MAIL ORDER
Generic Drugs	\$20 Copay	\$60 Copay
Brand Name Drugs	Not Covered (Discounted Pricing Only)	Not Covered (Discounted Pricing Only)
ACA Required Preventive Medications	\$0 Copay	
Specialty Drugs (Specialty Network)	Not Covered (Discounted Pricing Only)	Not Covered (Discounted Pricing Only)

Exclusions:

“Me-Too” Drugs

Chemically similar drugs that share the same mechanism of action to a less expensive existing approved chemical entity (i.e. Prilosec & Nexium).

Non-Essential

Medications in a dosage form that increased the cost for treatment, when other less expensive dosage forms are available (i.e. topical patches & creams).

VALUE ADDED

<p>TELEHEALTH SERVICE</p> 	<p>Telehealth services from wherever you are with a nationwide network of board certified physicians. You can connect directly to physicians via phone, email, and video for consultations, simple diagnosis and prescriptions 24 hours per day. Expanded online services enable you to competitively shop the price of your medications, in addition to interfacing with a highly responsible mobile app. Contact Healthiest You to learn more about these services. www.healthiestyou.com 1-866-703-1259</p>
<p>PPO NETWORK</p> 	<p>When your Plan only offers preventive services or is a limited benefit plan, you can still maximize your benefits using the First Health Network, a wholly-owned subsidiary of Aetna, as the PPO network. This limited First Health Network offers a broad national network of healthcare physicians for your Plan. Contact First Health Network to learn more about this limited benefit network or to find a participating provider. www.firsthealthlbp.com 1-800-226-5116</p>
<p>DISCOUNTED CONCIERGE IMAGING SERVICES</p> 	<p>IMAGING DISCOUNTS ONLY -THIS IS NOT PART OF THE COVERED BENEFITS.</p> <p>One Call Care is a preferred provider organization of more than 2,900 radiology facilities in the United States that provide MRIs, CT scans, PET scans, and other radiology and diagnostic services at considerable savings. Based on a concierge model, they will help you find the right facility with the right equipment and help with setting up the appointment. Contact One Call Care or to find a facility or set an appointment. www.onecallcm.com 1-888-458-8746</p>
<p>EAP SERVICES</p> 	<p>Interface EAP is an additional benefit provided to you by your Employer at no cost. It is completely confidential - no claims to file and no identifiable information to be shared. Even your claim administrator, Entrust, will not receive any information on your use of this benefit. Free Counseling Services, Legal Services, Financial Services, Online Work/Life and Wellness Resources</p> <p>Under no other circumstances will Interface EAP release information about your case, or even verify contact with the service, to any other party. This includes spouses, other family members, or anyone from your employer. www.4eap.com 1-800-324-4327</p>
<p>MEDICAL HELPLINE</p>  	<p>In an effort to increase benefits and assist you in your medical needs, we have 24-hour access to "Ask-a-Nurse" 7 days a week. Whether you have a serious emergency or would just like to have a medical professional's advice regarding your daily health care needs, just contact Medical Helpline. The best thing about it is the cost - It's FREE!</p> <p>Your Plan contains a Pre-authorization/Utilization Review requirement. This means that prior to any inpatient hospital admission, you must contact Medical Helpline. Medical Helpline will monitor the confinement and make recommendations to help keep the charges realistic. This call must be made at least five (5) business days in advance of services being rendered or within two (2) days after an emergency. The employee, a family member, or your service provider is responsible for notifying Medical Helpline. Your medical plan I.D. Card will indicate on the back the proper number to call. 1-877-463-3435</p>
	<p>Rx DISCOUNT CARD - No Cost THIS IS NOT INSURANCE - ONLY DISCOUNTS.</p> <p>WellCardRx Saves up to 50% on these Health Services:</p> <ul style="list-style-type: none"> • Prescription Drugs - save up to 65% • Dental - save up to 50% • Vision - save up to 50% • Hearing - save up to 15% • MRI & Imaging - save up to 70% <p>"EMPLOYER PAID - NO COST TO YOU"</p>

FREQUENTLY ASKED QUESTIONS



IS MY COVERAGE PORTABLE?

Yes, COBRA is a federal law that enables you to continue coverage in the event of termination of employment or any other qualifying event. When purchasing COBRA coverage, your employer does not contribute towards the cost of coverage.

COBRA	PLAN A
Employee Only	\$127.62
Employee + Spouse	\$193.02
Employee + Child(ren)	\$215.82
Employee + Family	\$256.62

WHAT IS THE ACA?

This is the Affordable Care Act, also known as the Patient Protection and Affordable Care Act of 2010. This law was passed in March of 2010 and its major provisions, the individual mandate and the employer mandate, became effective in January 2014 and 2015, respectively.

WHAT IS THE HEALTH INSURANCE EXCHANGE?

The Health Insurance Exchange, also known as the Health Insurance Marketplace, is a way for individuals and families to shop multiple companies for health insurance on the internet or with phone assistance. For more information, see your employer's exchange notice.

HOW DO I RESEARCH THE QUALITY OF MY PROVIDERS?

There are many different websites that you may visit as a plan participant to see the quality of your providers. Below is a listing of just a few: The Leap Frog Group www.leapfroggroup.org, Health Grades www.healthgrades.com, MPIRICA www.mpirica.com and Vitals www.vitals.com

WHAT IS THE MAXIMUM OUT OF POCKET ACCORDING TO THE AFFORDABLE CARE ACT?

The 2019 maximum out-of-pocket amount is \$7,900 for an individual and \$15,800 for a family. This includes amounts you spend on deductibles, coinsurance, and co-pays. This amount does not include the amount you pay for premiums, balance billed amounts, or services this plan does not cover. Your plan is designed not to exceed the maximum out-of-pocket

DO I HAVE ACCESS TO AN ONLINE WEBSITE SO I CAN VIEW MY CLAIM ACTIVITY AND HAVE ACCESS TO MY PLAN DOCUMENT?

Yes, you have a claim dashboard available anytime 24/7 to privately access your claim activity, ID Cards and Plan Documents by going to www.enformed.com on any personal device. Download the mobile app, just search Entrust Enformed Mobile in the app store.



DOES THIS PLAN USE A NETWORK?

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BENEFIT ID CARD SAMPLE

- Your Plan ID card includes important information for your provider about accessing your benefits, payment terms and claims submitted on your behalf.
- When you receive your ID card, it is important to verify that your personal information is accurate. If there are any errors, please notify Entrust immediately at: (800) 436-8787 x2 or contact your Account Executive.
- Your social security number will not appear on your ID card, but may be used in submission of claims. In place of your social security number, you will be issued a unique member ID number. This serves to protect your personal health information even further while keeping you in compliance with HIPAA privacy provisions.
- Whenever seeking service, you should always show your ID card even with your current physicians or pharmacy. Since this ID card is new, make sure to give it to your provider at your next visit.
- Destroy your old cards immediately! These are no longer needed with your new benefit plan.
- Should you have any questions or concerns regarding your ID card (once received), or need additional cards for your dependents, please contact us directly at: (800) 436-8787 or contact your HR department.

BELOW IS A SAMPLE COPY OF THE ENTRUST BENEFIT ID CARD ID CARD BELOW IS JUST A SAMPLE & NOT A REPRESENTATION OF YOUR PLANS ACTUAL ID CARD

Main Number for all Plan Inquiries

The diagram illustrates a sample Entrust Benefit ID Card with the following sections and callouts:

- Benefit Administrator:** Points to the Entrust logo and the phone number 800.436.8787.
- Group Number & Member Information:** Points to the Group Name/Number field.
- Other Benefits (If Applicable):** Points to the Other Plan(s) section, which lists Dental and Vision plans.
- Physician Only Network information:** Points to the Medical Plan/Network section, which includes First Health and instructions on how to locate a provider.
- Pharmacy Information & Benefit Verification:** Points to the Pharmacy Plan section, which lists Rx Bin, Rx Group, and PCN information, along with Southern Scripts contact details.
- Provider Verification of Benefits Information:** Points to the Eligibility & Benefits section, which provides contact numbers for members and providers, and a disclaimer.
- Discounted Imaging Program:** Points to the onecall logo in the Eligibility & Benefits section.
- Ask-A-Nurse Pre-Authorization/UR:** Points to the Inpatient Pre-Authorization section, which includes the Ask-A-Nurse Helpline contact information.
- Provider Claims Submission Information:** Points to the Claims Submission section, which provides instructions on how to submit claims and the Entrust Claims Team contact information.

AVAILABLE TO EMPLOYEES ENROLLED IN THE MEDICAL PLAN



SET UP YOUR ACCOUNT

Your Private Online Account -Available Information for You!

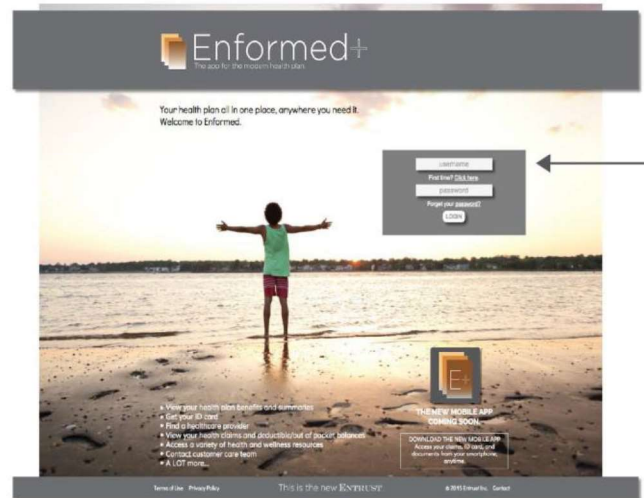
- Register and establish your account
- Download the Mobile App
- Print and View ID Cards
- Show copy of your ID Card on App
- Check your Claims
- See your Plan Document
- See your Coverage and Benefits
- Extra Plan Services
- Forms
- FAQs
- Ask a Question

To set up your account:

1. Go to www.enformed.com

NOTE: You must set up your account through the Enformed+ website (via desktop or mobile browser) before you can use the Enformed+ mobile app.

2. Click "First Time User" link.



INTRODUCING: THE ENFORMED+ MOBILE APP

Once you have set up your account be sure to download the free **ENFORMED+ MOBILE APP** for your smartphone. The new app gives you access to claims, accumulators, and a personalized ID card with a quick email feature for your convenience.

To download the free app:



Go to the Apple App Store or Google Play. Search "enformed+", then download.

Then open the app and log in!

Enformed+

Username

Password

Save username

[Forgot Username or Password](#)

[Create A Username and Password](#)



Welcome to your personalized PLAN DASHBOARD!

You are currently logged in as: **JOHN DOE**
Messages (1) Profile Logout

Home Coverage & Benefits Claims Plan Documents & Forms Extra Plan Services Tools Contact Us FAQs

Welcome

Coverage Summary

Name: **JOHN DOE** DOB: **01/01/2000**

Current Effective Date: 3/1/2012 Termination Date: 3/1/2016

Coverage Status: Active Group Number: **#000000**

[View all Coverage & Benefits](#)

Dependents

JANE DOE	View Eligibility
JOHN DOE, JR.	View Eligibility
JANE DOE, JR.	View Eligibility

Quick Links

- [Print ID Card](#)
- [Ask a Question](#)
- [Access Authorization](#)
- [Frequently Asked Questions](#)

Recent Claims

Claim Number	Service Date	Provider
#00001	01-01-2014	Dr. Smith, MD
#00002	02-01-2014	Dr. Smith, MD
#00003	02-14-2014	Dr. Smith, MD
#00004	03-13-2014	Dr. Smith, MD

Contact Your Plan

For questions or comments you can contact:

Customer Care Team (800) 436-8787
Medical Helpline (877) 463-3435

ENTRUST

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22322 Grand Corner Dr., Ste. 200

Katy, TX 77494

In Corpus Christi: (361) 814-7878

In Houston: (281) 368-7878

Toll Free: (800) 436-8787