# Summary of Plan Description (SPD) – City of Del Rio

## Benefits for October 1, 2020 through September 30, 2021
## Plan Type: PPO Plan

| Resource | Contact Information | Accessible Hours |
|---|---|---|
| TML Health | PO Box 149190 \| Austin, Texas 78714-9190 | |
| Customer Care Helpline: | (800) 282-5385 | 7:00 AM -6:00 PM Central \| Monday - Friday |
| Secured Customer Care E-mail: | Visit tmlhealthbenefits.orgtmlhealthbenefits.org \| click on the "Login" button \| click on "Login as a Member" \| click on "Contact Us" | 8:30 AM - 5:00 PM Central |
| TML Health Internet Website: | tmlhealthbenefits.org | Twenty-four (24) hours |
| *My*IEBP Mobile Access: | iPhone–App Store, Droid–Google Play, All other Phones - tmlhealthbenefits.org | Twenty-four (24) hours |
| Information on how TML Health evaluates new technology for inclusion as a covered benefit: | Visit tmlhealthbenefits.org \| click on "About Us" \| click on "Technology" | |
| Medical Authorizations: | (800) 282-5385 \| Voicemail after hours with a return call | 8:30 AM - 5:00 PM Central |
| Prescription Authorizations: | Navitus \| Toll Free: (800) 711-4555 | |
| Where to Mail Paper Medical Claims: | TML Health \| PO Box 149190 \| Austin, Texas 78714-9190 | |
| Navitus Prescription Service Center: | (855) 673-6504 \| www.Navitus.com | |
| Navitus Prescription Mail Service Customer Service: Register at Navitus.com to receive e-mail reminders when it is time to refill your prescription. | (800) 797-9791 (TTY 711) \| www.Navitus.com | |
| Lumicera Specialty/Biotech Pharmacy: | (855) 847-3553 \| Fax: (800) 491-7997 | |
| After Hours and/or Weekend Medical and Mental Health Care Emergencies: | Call 911 or immediately go to the emergency department. | |

| Common Medical Event | In-Network Benefit | Out-of-Network Benefit | Limitations, Exceptions, and Exclusions |
|---|---|---|---|
| **Contraceptive Management** | 100% Deductible Waived | 60% After Deductible up to R&C | Physician charges for the insertion and/or removal of a physician inserted contraceptive device and the charges for the device. This benefit also includes charges for any associated labs or tests. |
| **Refractive Surgery** | 80% After Deductible | 60% After Deductible up to R&C | |
| **Hearing Appliances** | 80% After Deductible | 60% After Deductible up to R&C | $3,000 payable per calendar year for the purchase and/or repair of hearing aids. Hearing appliance benefit includes hearing aid batteries. |
| **Diabetic Footwear/Shoes** | 100% Deductible Waived | 60% After Deductible up to R&C | Limited to two (2) pairs per calendar year. |
| **Diabetic Equipment and Supplies** | 100% Deductible Waived | 60% After Deductible up to R&C | See plan document for more information. Diabetic footwear/shoes are limited to two (2) pairs per calendar year. |
| **Newborn Hearing Screening** | 80% Deductible Waived | 60% Deductible Waived | Includes a screening test for hearing loss from birth through the date the child is thirty (30) days old and the necessary diagnostic follow-up care related to the screening tests from birth through the date the child is twenty-four (24) months. |
| **Custom Molded Foot Orthotics** | 80% After Deductible | 60% After Deductible up to R&C | Limited to one (1) pair molded orthotics per calendar year, unless documented medically physiological changes. |
| **Nutritional Counseling (Routine Diagnosis)** | 100% Deductible Waived | 60% After Deductible up to R&C | |
| **Nutritional Counseling (Developmental Delay Diagnosis)** | 80% After Deductible | 60% After Deductible up to R&C | For children under age three (3) only. |
| **Nutritional Counseling (Diabetes Diagnosis)** | 80% After Deductible | 60% After Deductible up to R&C | |
| **Wigs** *(oncology related)* | 100% Deductible Waived | 60% After Deductible up to R&C | Limited to maximum of $400 per calendar year. Subject to the applicable Out-of-Network deductible. |
| **Prosthetic Bra and Breast Prosthesis** *(oncology related)* | After Deductible | 100% After Deductible | Limited to one (1) bra and one (1) prosthesis per lifetime. Subject to the applicable In-Network or Out-of-Network deductible. |

| Common Medical Event | In-Network Benefit | Out-of-Network Benefit | Limitations, Exceptions, and Exclusions |
|---|---|---|---|
| **Sleep Study Centers** | 80% After Deductible | 60% After Deductible up to R&C | Limited to one (1) sleep study per lifetime. |
| **Treatment of Sleep Disorders** | 80% After Deductible | 60% After Deductible up to R&C | Includes but is not limited to apnea and narcolepsy. |
| **Allergy Injections** | 80% After deductible | 60% After Deductible up to R&C | Includes charges for Allergy Serum. |
| **Second Surgical Opinions** | 80% After Deductible | 60% After Deductible up to R&C | |

| Common Medical Event | Services You May Need | In-Network Benefit | Out-0f-Network Benefit | Limitations & Exceptions |
|---|---|---|---|---|
| **Serious Mental Health** | Mental/Behavioral Health Outpatient Services | 80% After Deductible | 60% After Deductible up to R&C | **Mental Health Conditions** - The Plan provides benefits for the treatment of Mental Health conditions. Refer to Pre-authorization Requirements section. |
| | Mental Health Physician Office Visit | 100% After $20 copay | 60% After Deductible up to R&C | |
| | Mental Health Outpatient Physician | 80% After Deductible | 60% After Deductible up to R&C | |
| | Mental Health Inpatient Services | 80% After Deductible | 60% After Deductible up to R&C | **Inpatient Benefit** - Refer to Pre-authorization Requirements section. |
| | Mental Health Inpatient Physician | 80% After Deductible | 60% After Deductible up to R&C | |
| | Substance Use Disorder Outpatient Services | 80% After Deductible | 60% After Deductible up to R&C | **Substance Use Disorder Benefit** - Expenses for the treatment of Substance Use Disorder have a lifetime maximum of one (1) treatment series. Refer to Pre-authorization Requirements section. |
| | Substance Use Disorder Office Visits | 100% After $20 copay | 60% After Deductible up to R&C | |
| | Mental Health Outpatient Physician | 80% After Deductible | 60% After Deductible up to R&C | |
| | Substance Use Disorder Inpatient Services | 80% After Deductible | 60% After Deductible up to R&C | **Inpatient Benefit** - Refer to Pre-authorization Requirements section. |
| | Mental Health Inpatient Physician | 80% After Deductible | 60% After Deductible up to R&C | |

**Pre-authorization Requirements**. Pre-authorization enables clinical support and educations, such as: • Pre-op education for the patient and ensure adherence to nationally recognized guidelines in order to maximize quality and cost efficiency • Post-op discharge planning to optimize clinical outcomes • Refer patients to Centers of Excellence.

**Pre-authorization is required for the following admissions and/or procedures:**

| Service | Pre-authorization | Late Pre-authorization Penalty |
|---|---|---|
| **INPATIENT ADMISSIONS** | | |
| **Emergency Admissions** | Twenty –four (24) hours after actual admission or by 5:00 p.m. the next calendar day for weekend/holiday admissions. | $250* |
| ▪ Scheduled Admissions<br>▪ Skilled Nursing Facility<br>▪ Mental Health/Substance Use Disorder Admissions<br>▪ Mental Health/Substance Use Disorder Day Treatment<br>▪ Mental Health/Substance Use Disorder Residential Treatment<br>▪ Acute Care Hospital/Facility Admissions<br>▪ Rehabilitation Facility<br>▪ Long Term Care Facility<br>▪ Inpatient maternity care that does not result in a delivery | Prior to scheduled services and must be authorized before services are rendered to avoid penalty. | $250*<br>. |
| **• Newborns who remain in the hospital after mother is discharged (where confinement exceeds mother's original pre-authorization approval)**<br>**• Newborns who are admitted to a Neonatal Intensive Care Unit (NICU)** | Pre-authorization required no later than twenty-four (24) hours of mother's discharge. | $250* |
| **Pregnancy/Maternity** (Delivery Admission)<br>▪ Normal vaginal delivery in excess of forty-eight (48) hours<br>▪ Caesarean Section delivery in excess of ninety-six (96) hours | Twenty-four (24) hours after the forty-eight (48) or ninety-six (96) hours after the delivery, or by 5 p.m. on the following day after a weekend or holiday. | $250 |
| **Miscellaneous** | | |
| ▪ Home Health Care *(including infusion therapy)*<br>▪ Mental health/Substance use disorder Outpatient Treatment<br>▪ Reconstructive Surgical Procedures<br>▪ Physician Home Health Care | Prior to services and must be authorized before services are rendered to avoid penalty. | $250 |

| Service | Pre-authorization | Late Pre-authorization Penalty |
|---|---|---|
| ▪ Convalescent Nursing Home for Non-custodial services<br>▪ Intraoperative Monitoring (inpatient and outpatient) | | |
| ▪ Oncological Medication Treatment (IV/Injectable/Oral)<br>▪ Radiation<br>▪ Pain Management Therapy (IV)<br>▪ Medically Necessary Evidence Based Genetic/Genomic Testing to direct treatment (after diagnosis has been established)<br>▪ Applied Behavior Analysis Therapy (ABAT) for Autism Spectrum Disorder | Prior to services and must be authorized before services are rendered to avoid penalty. | $250 |
| ▪ Specialty/Biotech Drugs administered in a clinical setting | Prior to scheduled service and must be authorized before services are rendered. Specialty/Biotech drugs not pre-authorized prior to administration will be denied. | No penalty if approved upon appeal; $100 copay will apply |
| • Durable Medical Equipment (including repairs) for purchased equipment | Prior to dispensing/delivery of standard durable medical equipment in excess of $1,500 per base piece of durable medical equipment | $250 |
| • Durable Medical Equipment for rental equipment | Prior to dispensing/delivery of standard durable medical equipment in excess of $500 per monthly rental per base piece of durable medical equipment | $250 |
| • Prosthetics and non-foot Orthotics (including repairs)<br>• Implantable and/or removable ocular prosthetic lens (including repairs) | Prior to dispensing/delivery of standard prosthetics/non-foot orthotics and/or implantable-removable ocular prosthetic lens in excess of $1,000 | $250 |

* The attending provider and the facility are responsible for the Pre-authorization requirements. Non-compliant providers will receive the penalty. Providers cannot balance bill a member for the lack of Pre-authorization penalties and denied services.

**Extenuating Circumstances**. If a Covered Person requires care from a specialist care provider, but there is not a Network specialist care provider within a seventy-five (75) mile radius from the employee's place of business, the provider would be paid at network benefits subject to R&CR&C allowable amounts.

**Ancillary Provider Charges.** Ancillary charges from a Out-of-Network emergency room physician, radiologist, pathologist, or anesthesiologist be paid at the Network benefit if the facility is a Network facility. The charges will still be subject to the usual and customary allowable amount.

**Multiple Surgery**. The primary medical surgical procedure is considered at 100% of the allowable charges, the second surgical procedure is considered at 50% of allowable charges and the third or following procedure is considered at 50% of allowable charges. The ineligible amount may be the responsibility of the Covered Individual.

**Assistant Surgeons**. Assistant Surgeons (MD) are paid at 16% of the allowable amount; non-MD at 14% of the allowable amount or per the primary contract

**Multi-Anesthesiologists**. Appropriate modifier will be paid at 50% of the allowable amount or per the primary contract; if no modifier, payment will be paid no more than 100% of allowable charge.