



**Central Purchasing
213 South Oliver Drive
Aztec, New Mexico 87410
(505) 334-4551**

Proposal No. 19-20-21

**Employee Benefits Program Administration – Major Medical
Human Resources**

**ADDENDUM #4
March 30, 2020**

**CLARIFICATION / ADDITIONAL INFORMATION TO THE PROPOSAL SPECIFICATIONS
AS FOLLOWS:**

Question: Our intent is to match the medical benefit which is to be effective 7/1/2020. However, in addendum 1 (attached) there are member costs (coinsurance, copays, place of treatment costs, etc.) discrepancies between the SBC for the period 7/1/2020 - 6/30/2021 and the Tall Tree Schedule of Medical Benefits 2020-2021. Since we will be including a schedule of benefits in our proposal, which of the two provided are we to match, the SBC or the Schedule of Medical Benefits?

Answer: Please see attached Schedule of Medical Benefits 2020-2021 (3 pages)

***Reminder: Final questions due on March 31, 2020 at 5:00 pm**

PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL OF OFFEROR FORM.



San Juan County
Schedule of Medical Benefits 2020-2021 - \$500 Deductible Plan
Option ID: SJM0A
Option ID: SJM0B

Group ID: SFSJC

Timely Filing 90 Days from the date the service was incurred.

Prequalification - Cigna, Contact Tall Tree for Transfer 877-453-4201
 Case Management - Integrated Healthcare Management 1-877-587-2700

PPO Network
Cigna

Claims Address: All claims must be submitted to CIGNA:
 PO Box 188061 Chattanooga, TN 37422-8061

Cigna payer ID: 62308

Coverage begins: First day following the 6th full pay period not to exceed 90 days. Coverage Ends at midnight on the last day of employment.

	NETWORK PPO	NON-NETWORK PPO	Benefit Limits
Annual Deductibles (does not include co-pay) - will include San Juan Regional deductible	Individual \$500 Not to exceed \$1,500/Family		
Annual Out of Pocket (includes deductible and medical/Rx co-pays)	Individual \$2,500 Emp + 1 Dependent \$5,000 Employee + Family \$7,500	Individual \$3,500 Emp + 1 Dependent \$7,000 Employee + Family \$10,500	Note: Limits are per person per calendar year.
Office Visits - Primary Care (exams or consultations)	\$20 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	Co-pay's apply to ALL Office visits. ANYTHING else done during the office visit applies to deductible, then plan pays.
Office Visits - Speciality (exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	
Office Services - basic services with exam (This benefit does not include pain mgmt, chemo, surgical. See below.)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Telemedicine	Call Teladoc 1-800-835-2362 No charge to you and your family for this service For medical or psychologist consults. For psychiatrist consults, there will be a \$30 copay per visit www.teladoc.com		
Wellness Care (Child under age 2)	Plan pays 100%	Deductible, then 60% of allowed amount	
Wellness Care (Adult)	Plan pays 100%	Deductible, then 60% of allowed amount	
Colonoscopy - Wellness - yearly exam only	Plan pays 100%	Deductible, then 60% of allowed amount	Preventive Scopes for Over Age 50
Wellness Care includes, but not limited to: One routine physical exam per year for each covered person, as well as routine tests; mammograms (frequency depending on age); cytologic screening; prostate screening (frequency depending on age); well baby care (no dollar limit for children under two years of age); diabetes screening. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered.			
Acupuncture - see Chiropractic			
Allergy Treatment - injections	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Allergy Treatment - Serum / Testing	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Ambulance	Deductible, then Plan pays 80% of allowed amount		
Birth Control / IUD	Plan pays 100%	Deductible, then 60% of allowed amount	
Breast Pumps	Plan pays 100%		One per delivery. Purchase Breast Pump at a local retail store and submit the receipt for reimbursement
Chemotherapy/Radiation Therapy	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Chiropractic Services / Acupuncture	Deductible, then Plan pays 80%	Deductible, then 70% of allowed amount	Limited to 36 visits per year combined between Chiropractic Services & Acupuncture
Colonoscopy - Medical - Endoscopies, Heart Tests, Stress Tests	\$100 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	No cost sharing for wellness colonoscopies age 50 and over
Diabetic Education	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Diagnostic X-ray, Lab (major - MRI, CAT, etc)	\$100 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	
Diagnostic X-ray, Lab (minor - Ultrasounds, etc)	\$100 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	
Diagnostic X-ray, Lab (basic - related to office visit)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	

	Dialysis	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Davita Provider is In Network
	Durable Medical Equipment	Deductible, then Plan pays 90%	Deductible, then 70% of allowed amount	
	Emergency Room Services - Facility	\$250 co-pay, then Plan pays 100%	\$250 co-pay, then Plan pays 100% of allowed amount	
	Emergency Room - All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of allowed amount	
CIGNA	Gastric Bypass Surgery - Lap Band, Gastric Sleeve *	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
	Hearing Aid Including Cochlear Implants	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Includes Sandia Hearing Aids & Animas Valley Audiology Associates
	Home Health Care	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Limited to 100 Visits per calendar year
	Hospice	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
CIGNA	Hospital - Inpatient Services * <i><u>These deductibles are inclusive of the regular deductible.</u></i>	San Juan Regional Medical Center Deductible then Plan pays 80% All other network hospitals Deductible then Plan pays 80%	Deductible Plan pays 60% of allowed amount	\$500 penalty for non-pre-certification
	Hospital - Outpatient Services	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
	Infertility Services - testing or treatment	No Benefits	No Benefits	
	Maternity - Prenatal Office Visits	Plan pays 100%	Deductible, then 60% of allowed amount	Newborn expenses paid under baby
	Maternity - (Labs, X-rays, and related covered services)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
	Maternity - Ultrasounds	\$100 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	
	Maternity	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Dependent pregnancy is covered for dependent mother's charges only - grandbaby charges not covered
	Medical Supplies	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Diabetic Test Strips, Pumps etc.
CIGNA	Mental Health / Chemical Dependency - Inpatient * (Must contact facility PRIOR to admission. Contact Tall Tree Administrators)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	copay applies to office visit ONLY
	Mental Health / Chemical Dependency - Outpatient (prescription must renew every 3 months)	\$30 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	
	Outpatient Rehab Therapy (physical, occupational, and speech)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Must be restorative or rehabilitative Limited to 60 visits per calendar year for each benefit of Outpatient Rehab Therapy physical, occupational, and speech
	Outpatient Surgery - Facility	SAN JUAN REGIONAL and FOUR CORNERS ASC \$500 co-pay, then Plan pays 100% ALL OTHER NETWORK HOSPITALS \$1,000 Co-pay, then Plan Pays 100%	Deductible, then 60% of allowed amount	Services not provided by San Juan or Four Corners pays at the \$1,000 copay
	Outpatient Surgery - performed in a physician's office.	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
CIGNA	Pain Management*	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
CIGNA	Residential Treatment Facilities (Inpatient Services)	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Chemical Dependency, Substance Abuse; Mental Health copay applies to office visit ONLY
	Residential Treatment Facilities (Outpatient Services)	\$30 co-pay, then Plan pays 100%	Deductible, then 60% of allowed amount	Chemical Dependency, Substance Abuse; Mental Health copay applies to office visit ONLY
	Sleep Studies	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
CIGNA	Skilled Nursing - Inpatient *	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Limited to 60 days per calendar year
	Smoking Cessation	Plan pays 100%	Deductible, then 60% of allowed amount	
	Sterilization Women	Plan pays 100%	Deductible, then 60% of allowed amount	Reversal not covered

CIGNA

Sterilization for Men	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	Reversal not covered
TMJ and Orthognathic	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Transplants *	Deductible, then Plan pays 80%	Deductible, then 60% of allowed amount	
Transportation for a covered Transplant	Plan covers up to \$200 per day, payable at 100%		Covered only if you have to travel over 75 miles for treatment of a transplant. Includes lodging, meals and mileage @ .50 per mile. Limited to patient and one travel companion.
Urgent Care Center & 24 Hours <i>Urgent Care contracts are subject to change. Contact Cigna/Tall Tree Administrators/ or San Juan County benefits office for current contracted providers.</i>	SJRM \$25 co-pay, then Plan pays 100% Reliance Medical Group \$25 co-pay, then Plan pays 100% All Other Urgent Care \$150 copay, then plan pays 100%	Deductible, then 60% of allowed amount	
Prescription Drugs - Serve You Rx Prescription Drugs are covered under the County's Prescription Drug Plan. Customer Service 1-800-759-3203 Website: www.serve-you-rx.com Rx Bin - 610548 PCN: SERVU Rx Grp: 14100 90 day supply covered at both Retail and Mail Order for Maintenance Medications Mail Order Drugs - Direct Rx Mail Customer Service: 800-759-3203 Fax: 866-494-0364 Mail Order Address: PO Box 26096 Milwaukee, WI 53226 www.serve-you-rx.com	Retail 30-day Supply Generic \$10 Brand \$20 Non-Formulary \$40 Retail 90-day Supply Generic \$15 Brand \$25 Non-Formulary \$45	Not Covered	Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy. Specialty medication limited to a 30 day supply thru Serve You DirectRx Specialty Pharmacy

7/1/2020

*** Pre Certification Required. Failure to obtain prior authorization may result in a penalty of \$200 or denial of benefits.**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

RAPS - services provided by facility based radiologists, anesthesiologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit

Dependents covered to age 26 regardless of Student or Marital Status.

Timely Filing - 90 Days from the date the service was incurred.

Life Threatening services incurred at an out of network provider will be paid in network.

Coordination of Benefits - Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

Rural Area is defined as 75 miles. If covered services are not available in the network within 75 miles the provider will be paid in network.

Pre-existing is not applicable for any member of the Plan.

We believe this coverage is a non-grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Visit www.talltreehealth.com to view Plan Document, benefits, claim history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of benefits. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.