

General Guidelines <sup>1</sup>	
Preferred Provider Network	First Health® Network
Personal Responsibility (PR)	Per Inpatient Hospitalization/Surgery   Outpatient Surgery PR: \$10,000 Outpatient PR per Member per Program Year: \$2,500
In/Out-of-Network Co-Sharing Percentages	Unless stated otherwise: After the Member’s PR is met, eligible expenses are shared subject to In/Out-of-Network Co-Sharing Percentages. <b>In-Network:</b> Hope Health Share shares 80%   Member shares 20% <b>Out-of-Network:</b> Hope Health Share shares 70%   Member shares 30%
Maximum Reasonable Allowed Charges	Out-of-Network sharing reimbursement is based on the lesser of the Out-of-Network provider actual billed amount or Maximum Reasonable Allowed Charges for Eligible Services provided.
Maximum Limit Per Incident	Unless stated otherwise: \$175,000
Lifetime Sharing Maximum	\$525,000

**Inpatient Hospitalization / Surgery | Outpatient Surgery | Emergency Services**

Personal Responsibility (PR) per Inpatient Hospitalization/Surgery and Outpatient Surgery per Member	\$10,000
Inpatient Hospitalization/Surgery (includes required Pre-Admission Testing)	After the PR is met, eligible expenses are subject to In/Out of Network Co-Sharing Percentages
Outpatient Surgery (includes required Pre- Admission Testing)	After the PR is met, eligible expenses are subject to In/Out of Network Co-Sharing Percentages
Inpatient Hospitalization/Surgery Outpatient Surgery Limit	2 Inpatient Hospitalization/Surgery and Outpatient Surgery per Program Year per Member
Emergency Room	In/Out-of-Network: \$1,000 Emergency Room Fee per Visit, in lieu of the PR. After the Emergency Room Fee is met, eligible expenses are subject to In/Out-of-Network Co-Sharing Percentages. Maximum Sharing Limit per Visit: \$10,000 Limit: 2 Visits per Program Year per Member
Ambulance	In/Out-of-Network: \$500 Ambulance Transport Fee. After the Ambulance Transport Fee is met, eligible expenses are subject to In/Out-of-Network Co-Sharing Percentages. Maximum Sharing Limit per Medical Emergency: \$5,000. Limit: 2 Emergency Ambulance Transports per Program Year per Member

**Outpatient Care following an Inpatient Hospitalization/Surgery, Outpatient Surgery and Emergency Services**

Outpatient PR per Member per Program Year	\$2,500
Physician Office Follow Up Visits	After the Member’s Outpatient PR s met, eligible expenses are subject to In/Out-of-Network Co-Sharing Percentages. Limit: 3 Visits per Incident
Infusion Therapy Follow Up Care	After the Member’s Outpatient PR is met, the Member is responsible for a \$50 Visit Fee, remaining eligible expenses are subject to In/Out-of-Network Co-Sharing Percentages. Limit per Program Year of \$15,000
Outpatient Occupational, Physical & Speech Therapy	After the Member’s PR is met, the Member is responsible for a \$50 Visit Fee and remaining eligible expenses are subject to In/Out-of-Network Co-Sharing Percentages. Limit: 10 Visits Combined per Incident

<sup>1</sup>Unless stated otherwise, there is a 90-day Waiting Period for any medical expenses, other than Accidents, Injuries, and Acute Illnesses. Specific eligible services and medical diagnosis or incidents have additional Waiting Periods, Frequency and Sharing Maximum Limits.  
Unless stated other wise the Pre-Existing Conditions Limitations apply to Sharing Services. Out-of-Network Services Share Requests are subject to the Maximum Allowable Charge. Review the Program Guidelines for full explanation of Waiting Periods, Pre-Existing Condition Limitations, and eligible sharing guidelines, frequencies and limitations. The Member’s Personal Responsibility (PR) apply to each Member and resets at each Program Year Anniversary.