

# PAYOR NOTICE

The NHN Network wishes to inform you of a new arrangement with a Payor or of changes in an existing arrangement with a Payor.

The NHN Network has entered an agreement with Columbus Community Hospital to offer three medical plans to its employees effective Jan. 1, 2022. The plan includes two PPO offerings and one Qualified High Deductible Health Plan.

## AGREEMENT: COLUMBUS COMMUNITY HOSPITAL EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2022

FEE SCHEDULE: NHN NETWORK ALLIANCE

EST. NUMBER OF COVERED LIVES: 1,200

THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH

PHARMACY BENEFIT MANAGER: ELIXIR

### SUMMARY OF BENEFITS

- TIERS**
- Tier One: Columbus area domestic tier and NHN Network
  - Tier Two: NHN
  - Tier Three: Wrap Networks
  - Tier Four: OON

- MEDICAL PLANS**
- Two, PPO
  - One, QHDHP



BENEFIT: PPO #1	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$750/\$1,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$1,750/\$3,500	\$4,000/\$8,000	\$4,500/\$9,000	\$7,000/\$14,000

BENEFIT: PPO #2	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$1,000/\$2,000	\$2,500/\$5,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$2,500/\$5,000	\$5,000/\$10,000	\$5,500/\$11,000	\$10,000/\$20,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$2,800/\$5,600	\$5,200/\$10,400	\$5,700/\$11,400	\$10,400/\$20,800
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$4,000/\$8,000	\$6,650/\$13,300	\$7,050/\$14,100	\$13,300/\$26,600

### SAMPLE ID CARDS

**Member**  
 Member Name: JOHN SAMPLE  
 Member ID: SMPL00-01  
 Group Name: Columbus Community Hospital  
 Group #: A9800

**Plan Information**  
 Plan Name: Option A  
**Medical Deductibles:**  
 Individual / Family  
 Tier 1: \$750 / \$1,500  
 Tier 2: \$2,000 / \$4,000  
 Tier 3: \$2,500 / \$5,000  
 Tier 4: \$3,000 / \$6,000

**Pharmacy Plan**  
 Rx BIN: 800004  
 Rx PCN: 008126  
 Rx Customer Service: (800) 771-4848  
 www.elixirsolutions.com

**Contact Information**  
 First Choice Health Customer Service:  
 (833) 375-0130  
 www.fchn.com/mfc  
 Pre-Authorizations: (800) 808-0450  
 Behavioral Health: (800) 640-7682  
 Out-of-Network Providers: (833) 375-0121

**Medical Claims Submission**  
 EDI Payor ID: 91131  
 First Choice Health  
 PO Box 12869  
 Seattle, WA 98111-4659  
 This card does not guarantee coverage. If you have any questions regarding benefit coverage, claims, or eligibility please call First Choice Health or visit www.fchn.com.

**Networks**  
 NEBRASKA HEALTH NETWORK  
 www.columbushosp.org www.nebraskahealthnetwork.com  
  
 www.midlandschoice.com  
  
 www.fchn.com www.firsthealth.com

Pre-authorization: Inpatient admissions and certain outpatient services require pre-authorization. Please refer to your Summary Plan Document for details.