

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 Kearney Regional Medical Center to offer three medical plans to its employees effective Jan. 1, 2022. The plan includes a PPO offering and a Qualified High Deductible Health Plan.

AGREEMENT: KEARNEY REGIONAL MEDICAL CENTER EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2022

FEE SCHEDULE: NHN NETWORK ALLIANCE

EST. NUMBER OF COVERED LIVES: 1,500

THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH

PHARMACY BENEFIT MANAGER: EMSANA RX

SUMMARY OF BENEFITS

- TIERS**
- Tier One: Domestic and NHN/Direct Contracts
 - Tier Two: Wrap Networks
 - Tier Three: OON



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

BENEFIT: PPO	Tier I	Tier II	Tier III
Deductible (S/F)	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000
Coinsurance	10%	30%	50%
Out-of-Pocket	\$3,000/\$6,000	\$4,500/\$9,000	\$10,000/\$20,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III
Deductible (S/F)	\$2,400/\$4,000	\$3,375/\$6,000	\$5,000/\$10,000
Coinsurance	0%	0%	50%
Out-of-Pocket	\$2,400/\$4,000	\$3,375/\$6,000	\$10,000/\$20,000

SAMPLE ID CARDS

Member

Member Name: JOHN SAMPLE
 Member ID: SMPL00-01
 Group Name: Kearney Regional Medical Center
 Group #: A9700

Pharmacy Plan

Rx BIN: 610568
 Rx PCN: RXS
 Rx Group: KRMC
 Rx Customer Service: (888) 460-1579
<https://emsanarx.myrxplan.com>

Plan Information

Plan Name: Health Savings Plan
 Medical Deductible:
 Individual / Family
 Tier 1: \$2,400 / \$4,000
 Tier 2: \$3,375 / \$6,000
 Tier 3: \$5,000 / \$10,000

Medical / Rx Out-of-Pocket:
 Individual / Family
 Tier 1: \$2,400 / \$4,000
 Tier 2: \$3,375 / \$6,000
 Tier 3: \$10,000 / \$20,000

Contact Information

First Choice Health Customer Service:
 (833) 375-0129
www.fchn.com/mfc

Pre-Authorizations: (800) 808-0450
 Behavioral Health: (800) 640-7692
 Out-of-Network Providers: (833) 375-0121

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

Medical Claims Submission

EDI Payor ID: 91131
 First Choice Health
 PO Box 12659
 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

www.kearneyregional.com www.nebraskahealthnetwork.com

www.midlandschoice.com

www.fchn.com www.firsthealth.com