

ACU-CARE Payor Summary & Election to Participate with HEALTHSMART

Payor Name: Connecticut General Life Insurance Company (CGLIC)
Products: HealthSmart ACCEL Network (ACCEL)
 Preferred Provider Organization (PPO)
 HealthSmart Organization (HPO)
 Workers Compensation/Workers' Compensation Healthcare Network /
 Occupational Injuries Plan (WC)

Effective Date: April 14, 2014

CGLIC will pay Provider according to the following schedule for Ancillary Services to Members. Subject to the terms of the Agreement under this Fee Schedule will constitute payment in full for Ancillary Services provided by Provider to Member.

CONTRACT RATE SUMMARY

Reimbursement rates:

HealthSmart Preferred Care Maximum Allowable Physician Fees: HealthSmart Resource Based Relative Value Scale of HealthSmart RBRVS means the methodology designated by HealthSmart to produce the allowable fee for certain Covered Services rendered to Eligible Persons that uses the components of relative value units (RVU's), geographic practice cost indices (GPCI's), conversion factor and base relativity factors, as defined by HealthSmart.

Except as otherwise provided below, Covered Services will be reimbursed at the lesser of 10% discount off billed charges or the HealthSmart RBRVS allowable fee (including "gap fill") less applicable Copayments, Deductibles and Coinsurance. If relative values have not been assigned to a CPT code, then allowable shall be **80%** of provider's billed charges, subject to audit and review.

The HealthSmart RBRVS allowable fees are updated by HealthSmart annually to reflect new information regarding RVU's, GPCI's, conversion factor, and the addition of new codes and services. The GPCI locality used for this Agreement is **State: CA, 99**.

Category	Code	PPO/HPO/ACCEL
All codes...	except CPT codes below	135% RBRVS
Acupuncture, First 15 minutes	97810	\$49.01
Acupuncture, Additional 15 minutes	97811	\$37.81
Electro Stimulation, First 15 minutes	97813	\$52.52
Electro Stimulation, Additional 15 minutes	97814	\$42.37

Drugs and Biologicals

95% Redbook Average Wholesale Price (AWP)

Workers' Compensation & Occupational Injuries Plans

The purpose of this Exhibit is to govern the manner in which Participating Provider agrees to participate in HealthSmart's provider panel for workers' compensation and occupational injuries plans. All capitalized terms contained herein shall have the same meaning as those referenced in the Agreement unless otherwise specified in this Exhibit. Should any terms or conditions of this Exhibit conflict with the Agreement and/or any other exhibits or addenda, the terms of this Exhibit shall control.

Reimbursement Terms and Conditions

1. Participating Provider's maximum allowable reimbursement shall be the lesser of:

85% of the fee under the applicable state Workers' Compensation Fee guidelines
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80% of billed charges

2. If relative values have not been assigned to a CPT code, the allowable shall be eighty percent (80%) of Participating Provider's actual billed charges, subject to audit and review as necessary.
3. Unless otherwise specifically provided for herein, Participating Provider acknowledges that all rates described herein are subject to the applicable maximum allowable guidelines and modifiers contained in the Provider Manual.

I hereby agree to provide health care services and benefits to Beneficiaries of the above named Payor in accordance with the terms and conditions of the Agreement and this Payor Summary.

Name

Signature

Date