



# Medicare Advantage Private Fee-For-Service Plan

*Terms and Conditions of Payment*

January 1, 2009 – December 31, 2009

**STERLING HEALTH PLANS**

Real People. Wise Choices.

**Medicare Advantage  
Private Fee-For-Service Plan**

**TERMS AND CONDITIONS OF PAYMENT**

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## 1. Introduction

Sterling Option I<sup>®</sup>, Option II<sup>SM</sup>, Option III<sup>SM</sup>, Option IV<sup>SM</sup>, Basic Plus<sup>SM</sup>, Partners<sup>®</sup> - Montana are Medicare Advantage private fee-for-service (PFFS) plans offered by Sterling Life Insurance Company. Sterling allows enrollees to use any provider, such as a physician, health professional, hospital, or other Medicare provider in the United States that agrees to treat the enrollee after having the opportunity to review these terms and conditions of payment, as long as the provider is eligible to provide health care services under Medicare Part A and Part B (also known as ‘Original Medicare’) or eligible to be paid by Sterling for benefits that are not covered under Original Medicare.

The law provides that if you have an opportunity to review these terms and conditions of payment and you treat a Sterling enrollee, you will be “deemed” to have a contract with us. Section 2 explains how the deeming process works. The rest of this document contains the contract that the law allows us to deem to hold between you, the provider, and Sterling. Any provider in the United States that meets the deeming criteria in Section 2 becomes deemed to have a contract with Sterling for the services furnished to the enrollee when the deeming conditions are met. **No prior authorization, prior notification, or referral is required as a condition of coverage when medically necessary, plan-covered services are furnished to a enrollee.** However, an enrollee or provider may request an advance coverage determination before a service is provided in order to confirm that the service is medically necessary and will be covered by the plan. Note that the terms prior authorization, prior notification, and advance coverage determination have different meanings. Prior authorization and prior notification rules are described in Section 4, and advance coverage determination is described in Section 7.

## 2. When a provider is deemed to accept Sterling’s terms and conditions of payment

A provider is considered by law to be deemed to have a contract with Sterling when all of the following three criteria are met:

- 1) The provider is aware, in advance of furnishing health care services, that the patient is an enrollee of Sterling. All of our enrollees receive an enrollee ID card that includes the Sterling logo that clearly identifies them as PFFS enrollees. The provider may further validate eligibility by calling our Customer Service at 1-888-858-8551.
- 2) The provider either has a copy of, or has reasonable access to, our terms and conditions of payment (this document). The terms and conditions are available on our website at <https://secure.sterlingplans.com/providers/index.html>. The terms and conditions may also be obtained by calling our Customer Service Department at 1-888-858-8551.
- 3) The provider furnishes covered services to a Sterling enrollee.

If all of these conditions are met, the provider is deemed to have agreed to Sterling’s terms and conditions of payment for that enrollee specific to that visit. Note: You, the provider, can decide whether or not to accept Sterling’s term and conditions of payment each time you see a Sterling enrollee. A decision to treat one plan enrollee does not obligate you to treat other Sterling enrollees, nor does it obligate you to accept the same enrollee for treatment at a subsequent visit.

For example: If a Sterling enrollee shows you an enrollment card identifying him/her as an enrollee of Sterling and you provide services to that enrollee, you will be considered a deemed provider. Therefore, it is your responsibility to obtain and review the terms and conditions of payment prior to providing services, except in the case of emergency services (see below).

**If you DO NOT wish to accept Sterling's terms and conditions of payment, then you should not furnish services to a Sterling enrollee, except for emergency services. If you nonetheless do furnish non-emergency services, you will be subject to these terms and conditions whether you wish to agree to them or not.** Providers furnishing emergency services will be treated as non-contract providers and paid at the payment amounts they would have received under Original Medicare.

### **3. Provider qualifications and requirements**

In order to be paid by Sterling for services provided to one of our enrollees, you must:

- Have a National Provider Identifier in order to submit electronic transactions to Sterling, in accordance with HIPAA requirements.
- Paper claims may be sent to: Sterling Life Insurance Company, P.O. Box 69314, Harrisburg, PA 17106-9314.
- Furnish services to a Sterling enrollee within the scope of your licensure or certification.
- Provide only services that are covered by our plan and that are medically necessary by Medicare definitions.
- Meet applicable Medicare certification requirements (e.g., if you are an institutional provider such as a hospital or skilled nursing facility).
- Not have opted out of participation in the Medicare program under §1802(b) of the Social Security Act, unless providing emergency or urgently needed services.
- Not be on the HHS Office of Inspectors General excluded and sanctioned provider lists.
- Not be a Federal health care provider, such as a Veterans' Administration provider, except when providing emergency care.
- Comply with all applicable Medicare and other applicable Federal health care program laws, regulations, and program instructions, including laws protecting patient privacy rights and HIPAA that apply to covered services furnished to enrollees.
- Agree to cooperate with Sterling to resolve any enrollee grievance involving the provider within the time frame required under Federal law.
- For providers who are hospitals, home health agencies, skilled nursing facilities, or comprehensive outpatient rehabilitation facilities, provide applicable beneficiary appeals notices (see Section 10 for specific requirements).
- Not charge the enrollee in excess of cost sharing and under any condition, including in the event of plan bankruptcy.

## 4. Payment to providers

### Plan payment

Sterling reimburses deemed providers at the amount they would have received as participating providers under Original Medicare for Medicare-covered services, minus any enrollee required cost sharing, for all medically necessary services covered by Medicare. We will process and pay clean claims within 30 days of receipt. If a clean claim is not paid within the 30-day time frame, then we will pay interest on the claim according to Medicare guidelines. Section 5 has more information on prompt payment rules. Payment to providers for which Medicare does not have a publicly published rate will be based on the estimated Medicare amount. For more detailed information about our payment methodology for all provider types, go to <https://secure.sterlingplans.com/providers/providermanual.html>.

Services covered under Sterling that are not covered under Original Medicare are reimbursed using the following fee schedule located at:

<https://secure.sterlingplans.com/providers/providermanual.html>.

Deemed providers furnishing such services must accept the fee schedule amount, minus applicable enrollee cost sharing, as payment in full.

### Enrollee benefits and cost sharing

Payment of cost sharing amounts is the responsibility of the enrollee. Providers should collect the applicable cost sharing from the enrollee at the time of the service when possible. **You can only collect from the enrollee the appropriate Sterling co-payments or coinsurance amounts described in these terms and conditions.** After collecting cost sharing from the enrollee, the provider should bill Sterling for covered services. Section 5 provides instructions on how to submit claims to us. If an enrollee is a dual-eligible Medicare beneficiary (that is, the enrollee is enrolled in our PFFS plan and a state Medicaid program) that the state holds harmless for Medicare cost sharing, then the provider cannot collect any cost sharing from the enrollee at the time of service. Instead, the provider may only look to the State Medicaid agency to collect the Medicaid allowable cost sharing amount(s).

For your quick reference, please refer to Exhibit A of this document which lists some of the important services covered under Sterling and the associated enrollee cost sharing amounts.

To view a complete list of covered services and enrollee cost sharing amounts under Sterling, please go to <https://secure.sterlingplans.com/providers/providermanual.html> to view the Summary of Benefits. You may call us at 1-888-858-8551 to obtain more information about covered benefits, plan payment rates, and enrollee cost sharing amounts under Sterling. Be sure to have the enrollee's ID number when you call.

Sterling follows Medicare coverage decisions for Medicare-covered services. Services not covered by Medicare are not covered by Sterling, unless specified by the plan. Information on obtaining an advance coverage determination can be found in Section 7. Sterling does not require enrollees or providers to obtain prior authorization, prior notification, or referrals from the plan as a condition of coverage. Under prior authorization, a plan requires beneficiaries or providers to seek authorization from the plan prior to obtaining services. There is no such requirement for Sterling enrollees. For information on Sterling's prior notification policies, see section on "Prior notification rules" below.

**Note: Medicare supplemental policies, commonly referred to as Medigap plans, cannot cover cost sharing amounts for Medicare Advantage plans, including PFFS plans. All cost sharing is the enrollee's responsibility.**

### **Prior notification rules**

No prior authorization or referral is required as a condition of coverage when medically necessary, plan-covered services are furnished to enrollees. However, to assist us in better managing care for our enrollees, we request that you notify us prior to the enrollee receiving any of the following services: Prior notification is requested for planned inpatient hospital admissions. Prior notification is requested for Durable Medical Equipment (DME) and/or prosthetic devices purchases over \$750.

Sterling does not require the enrollee or the provider to prior notify the plan as a condition for covering services. To provide prior notification or to obtain more information about our prior notification rules, call us at 1-888-858-8551.

### **Balance billing of enrollees**

A provider may collect only applicable plan cost sharing amounts from Sterling enrollees and may not otherwise charge or bill enrollees. Balance billing is prohibited by providers who furnish plan-covered services to Sterling enrollees.

### **Hold harmless requirements**

In no event, including, but not limited to, nonpayment by Sterling, insolvency of Sterling, and/or breach of these terms and conditions, shall a deemed provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a enrollee or persons acting on their behalf for plan-covered services provided under these terms and conditions. This provision shall not prohibit the collection of any applicable coinsurance, co-payments, or deductibles billed in accordance with the terms of the enrollee's benefit plan.

If any payment amount is mistakenly or erroneously collected from an enrollee, you must make a refund of that amount to the enrollee.

## **5. Filing a claim for payment**

- You must submit a claim to Sterling for an Original Medicare covered service within the same time frame you would have to submit under Original Medicare, which is within 15-27 months from the date of service. Failure to be timely with claim submissions may result in non-payment. The criteria for Original Medicare submission of claims can be found in section 70 of Chapter 1 of the Medicare Claims Processing Manual located at <http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf>.
- Prompt Payment: Sterling will process and pay clean claims within 30 days of receipt. If a clean claim is not paid within the 30-day time frame, Sterling will pay interest on the claim according to Medicare guidelines. A clean claim includes the minimum information necessary to adjudicate a claim, not to exceed the information required by Original Medicare. Sterling will process all non-clean claims and notify providers of the determination within 60 days of receiving such claims.

- Submit claims using the standard CMS-1500, CMS-1450 (UB-04), or the appropriate electronic filing format. Please refer to the General Billing Tips in Exhibit C.
- Use the same coding rules and billing guidelines as Original Medicare, including Medicare CPT Codes, HCPCS codes and defined modifiers. Bill diagnosis codes to the highest level of specificity.
- Coordination of Benefits: All Medicare secondary payer rules apply. These rules can be found in the Medicare Secondary Payer Manual located at <http://www.cms.hhs.gov/Manuals/IOM/list.asp>. Providers should identify primary coverage and provide information to Sterling at the time of billing.
- Where to submit a claim:
  - For electronic claim submission, Sterling's electronic Payer number with Availity (formerly THIN), ClaimsNet and Emdeon is #91151.
  - For paper claim submission, mail to Sterling Health Plans, P.O. Box 69314, Harrisburg, PA 17106-9314.
  - For electronic Part B covered drugs claim submission, Sterling requires the following two items of information: Bin# 004303 and PCN# STERLING. Pharmacies billing for Part B covered drugs who need to be activated in our billing system should call 1-877-264-1221.
- If you have problems submitting claims to us or have any billing questions, contact Customer Service at 1-888-858-8551.

## **6. Maintaining medical records and allowing audits**

Deemed providers shall maintain timely and accurate medical, financial and administrative records related to services they render to Sterling enrollees. Unless a longer time period is required by applicable statutes or regulations, the provider shall maintain such records for at least 10 years from the date of service. Deemed providers must provide Sterling, the Department of Health and Human Services, the Comptroller General, or their designees access to any books, contracts, medical records, patient care documentation, and other records maintained by the provider pertaining to services rendered to Medicare beneficiaries enrolled in a Medicare Advantage plan, consistent with Federal and state privacy laws. Such records may be used for activities in the following situations: Centers for Medicare & Medicaid Services and Sterling audits of risk adjustment data; Sterling determinations of whether services are covered under the plan, are reasonable and medically necessary, and whether the plan was billed correctly for the service; and in order to make advance coverage determinations. Sterling will not use medical record reviews to create artificial barriers that would delay payments to providers. Both voluntary and mandatory provision of medical records must be consistent with HIPAA privacy law requirements.

To encourage providers to submit enrollee medical records to Sterling when necessary, Sterling will reimburse the provider for the cost of copying and forwarding requested medical records.

## **7. Getting an advance coverage determination**

Providers may choose to obtain a written advance coverage determination (also known as an organization determination) from us before furnishing a service in order to confirm whether the service is medically necessary and will be covered by Sterling. To obtain an advance coverage determination, call us at 1-888-858-8551. Sterling will make a decision and notify you within 14 days of receiving the request, with a possible 14-day extension either due to the enrollee's request or Sterling justification that the delay is in the enrollee's best interest. In cases where you believe that waiting for a decision under this time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy, you can request an expedited determination. To obtain an expedited determination, call us at 1-888-858-8551. We will notify you of our decision within 72 hours.

In the absence of an advance coverage determination, Sterling can retroactively deny payment for a service furnished to an enrollee if we determine that the service was not covered by our plan or was not medically necessary. However, providers have the right to dispute our decision by exercising enrollee appeals rights.

## **8. Provider payment dispute resolution process**

If you believe that the payment amount you received for a service is less than the amount indicated in our terms and conditions of payment, you have the right to dispute the payment amount by following our dispute resolution process.

To file a payment dispute with Sterling, send a written dispute to Sterling Life Insurance, P.O. Box 1917, Bellingham, WA 98227-1917 or call us at 1-888-858-8551. Additionally, please provide appropriate documentation to support your payment dispute (e.g., a remittance advice from a Medicare carrier would be considered such documentation). Claims must be disputed within 120 days from the date payment is initially received by the provider.

We will review your dispute and respond to you within 60 days from the time the provider payment dispute is first received by the plan. If we agree with your payment dispute, then we will pay you the additional amount with any interest that is due. We will inform you in writing if your payment dispute is denied.

After completing Sterling's dispute resolution process, if you believe that we have reached an incorrect decision regarding your payment dispute, you may file a request for review of this determination with an independent entity contracted by CMS. To file a request for review of a payment dispute with the independent entity, you may contact the entity directly at:

First Coast Service Options, Inc.  
PFSS Payment Disputes  
P.O. Box 44017  
Jacksonville, FL 32231-4017  
Email: IREPFSS@FCSO.com Fax: (904) 360-0551

## **9. Enrollee and provider appeals and grievances**

Sterling enrollees have the right to file appeals and grievances when they have concerns or problems related to coverage or care. Enrollees may appeal a decision made by Sterling to deny coverage or payment for a service or benefit that they believe should be covered or paid for. Enrollees should file a grievance for all other types of complaints.

A provider may appeal decisions on behalf of an enrollee as an appointed representative, or appeal on his or her own right using the enrollee's appeal process by signing a waiver of liability (promising to hold the enrollee harmless regardless of the outcome). There must be existing potential enrollee liability (e.g., a claim, as opposed to an advance coverage determination, is denied as not a medically necessary or a covered service) in order for a provider to appeal utilizing the enrollee's appeal process. If you appeal on your own right, you agree to abide by the statutes, regulations, standards, and guidelines applicable to the Medicare PFFS Enrollee appeals and grievance process.

The Sterling Enrollee Evidence of Coverage (EOC) provides more detailed information about the enrollee appeal and grievance process. The enrollee EOC is posted under the enrollee benefits link on the enrollee information section of our website located at [www.sterlingplans.com](http://www.sterlingplans.com). You can call our Customer Service Department at 1-888-858-8551 for more information on our enrollee appeals and grievance policies and procedures.

## **10. Providing enrollees with notice of their appeals rights – Requirements for Hospitals, SNFs, CORFs, and HHAs**

Hospitals must notify Medicare beneficiaries who are hospital inpatients about their discharge appeal rights by complying with the requirements for providing the Important Message from Medicare (IM), including the time frames for delivery. For copies of the notice and additional information regarding this requirement, go to:

[http://www.cms.hhs.gov/BNI/12\\_HospitalDischargeAppealNotices.asp](http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp)

Skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities must notify Medicare beneficiaries about their right to appeal a termination of services decision by complying with the requirements for providing Notice of Medicare Non-Coverage (NOMNC), including the time frames for delivery. For copies of the notice and the notice instructions, go to:

<http://www.cms.hhs.gov/MMCAG/Downloads/NOMNCForm.pdf>

and

<http://www.cms.hhs.gov/MMCAG/Downloads/NOMNCInstructions.pdf>.

In addition, the provider should send a copy of any NOMNC issued to Sterling Life Insurance, P.O. Box 1917, Bellingham, WA 98227-1917.

Sterling will provide enrollees with a detailed explanation if a enrollee notifies the Quality Improvement Organization (QIO) that the enrollee wishes to appeal a decision regarding a hospital discharge or termination of home health agency, comprehensive outpatient rehabilitation facility or skilled nursing facility services within the time frames specified by law.

## **11. If you need additional information or have questions**

If you have general questions about Sterling's terms and conditions of payment, contact us at Sterling Life Insurance, P.O. Box 1917, Bellingham, WA 98227-1917 or telephone 1-888-858-8551.

- If you have questions about submitting claims, call us at 1-888-858-8551.
- If you have questions about plan payments, call us at 1-888-858-8551.

## Exhibit A

# STERLING Option I<sup>®</sup>

## Segments 1 and 2

Please refer to the segmentation list in Exhibit B for service area information.

<b>Services covered by Sterling Option I<sup>®</sup> - Segments 1 and 2</b>	<b>The amount(s) you may charge the plan enrollee</b>
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$125 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$30 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$10 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$10 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for eye exams every year.</li> <li>• \$200 limit for eye wear every twenty-four months.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$300 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

## Exhibit A

# STERLING Option I®

## Segment 3

Please refer to the segmentation list in Exhibit B for service area information.

<b>Services covered by Sterling Option I® - Segment 3</b>	<b>The amount(s) you may charge the plan enrollee</b>
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$150 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$30 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for eye exams every year.</li> <li>• \$200 limit for eye wear every twenty-four months.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$300 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

Exhibit A  
**STERLING Option II<sup>SM</sup>**

Services covered by Sterling Option II <sup>SM</sup>	The amount(s) you may charge the plan enrollee
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$150 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$35 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay               <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay               <ul style="list-style-type: none"> <li>• \$100 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay               <ul style="list-style-type: none"> <li>• \$100 limit for eye exams every year.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay               <ul style="list-style-type: none"> <li>• \$100 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

## Exhibit A

# STERLING Option III<sup>SM</sup>

Annual out-of-pocket limit of \$3,000

Services covered by Sterling Option III <sup>SM</sup>	The amount(s) you may charge the plan enrollee
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$125 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$30 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$10 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$10 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$500 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$500 limit for eye exams and eye wear (contact lenses not covered) every year.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$500 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

\* Sterling Option III<sup>SM</sup> provides our enrollees with a pool of \$500 to use for covered routine dental, hearing and vision services. The enrollee can decide how much of this \$500 to spend in each category. The coverage is **not** \$500 to spend **in each** category.

## Exhibit A

# STERLING Option IV<sup>SM</sup>

Annual out-of-pocket limit of \$4,000

Services covered by Sterling Option IV <sup>SM</sup>	The amount(s) you may charge the plan enrollee
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$150 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$35 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$400 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$400 limit for eye exams and eye wear (contact lenses not covered) every year.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• * \$400 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

\* Sterling Option IV<sup>SM</sup> provides our enrollees with a pool of \$400 to use for covered routine dental, hearing and vision services. The enrollee can decide how much of this \$400 to spend in each category. The coverage is **not** \$400 to spend **in each** category.

## Exhibit A

# STERLING Basic Plus<sup>SM</sup>

Annual out-of-pocket limit of \$5,000.

Services covered by Sterling Basic Plus <sup>SM</sup>	The amount(s) you may charge the plan enrollee
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$200 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$30 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for eye exams every year.</li> <li>• \$200 limit for eye wear every twenty-four months.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$300 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

Exhibit A

**STERLING Partners® – Montana**

<b>Services covered by Sterling Partners® - Montana</b>	<b>The amount(s) you may charge the plan enrollee</b>
Inpatient hospital services	<ul style="list-style-type: none"> <li>• Days 1-5: \$150 co-pay per day</li> <li>• Days 6-90: \$0 co-pay per day</li> </ul>
Skilled nursing facility	<ul style="list-style-type: none"> <li>• Days 1-10: \$0 co-pay per day</li> <li>• Days 11-100: \$35 co-pay per day</li> </ul>
Office services (Physician, specialist, chiropractic & podiatry)	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>• \$0 co-pay (immunizations for travel not covered)</li> </ul>
Mammography	<ul style="list-style-type: none"> <li>• \$0 co-pay</li> </ul>
Physical Exams (1 per year)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$150 limit for one routine physical exam every year. Lab tests are not covered as a part of this benefit.</li> </ul> </li> </ul>
Emergency room visit	<ul style="list-style-type: none"> <li>• \$50</li> <li>• \$0 if admitted within 1 day for the same condition.</li> </ul>
Urgent care center visits	<ul style="list-style-type: none"> <li>• \$20 primary care per visit</li> <li>• \$40 specialist care per visit</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for routine hearing tests every year.</li> </ul> </li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for eye exams every year.</li> </ul> </li> </ul>
Dental Services (oral exams, cleaning, fluoride treatments and dental X-rays)	<ul style="list-style-type: none"> <li>• \$0 co-pay                             <ul style="list-style-type: none"> <li>• \$100 limit for preventive dental benefits every year.</li> </ul> </li> </ul>

## Exhibit B

Cost sharing is effected by the **Sterling Option I<sup>®</sup>** segmentation. Segmentation is based on the enrollee's county of residence.

### **STERLING Option I<sup>®</sup>** **Segment 1**

<b>Arkansas</b>	Benton, Crawford, Crittenden, Faulkner, Jefferson, Lonoke, Pulaski, Saline, Sebastian and Washington counties.
<b>California</b>	Fresno and Madera counties.
<b>Colorado</b>	Boulder, Broomfield, Clear Creek, El Paso, Elbert, Gilpin, Larimer, Park, Pueblo, Teller and Weld counties.
<b>Georgia</b>	Bryan, Catoosa, Chatham, Chattahoochee, Columbia, Dade, Effingham, Harris, Marion, McDuffie, Muscogee, Richmond, Stewart, Walker and Whitfield counties.
<b>Idaho</b>	All counties.
<b>Illinois</b>	Boone, Champaign, Clinton, Henry, Jersey, Kankakee, McLean, Madison, Monroe, Ogle, Peoria, Rock Island, St. Clair, Tazewell, Winnebago and Woodford counties.
<b>Kansas</b>	Butler, Harvey, Sedgwick and Sumner counties.
<b>Kentucky</b>	Boone, Bourbon, Boyd, Bullitt, Campbell, Carter, Christian, Clark, Daviess, Fayette, Gallatin, Grant, Greenup, Henderson, Jefferson, Jessamine, Kenton, Madison, Oldham, Pendleton, Scott and Woodford counties.
<b>Louisiana</b>	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, Lafayette, La Salle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Ouachita, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Helena, St. Landry, St. Martin, St. Mary, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana and Winn parishes.
<b>Minnesota</b>	All counties.
<b>Missouri</b>	Boone, Christian, Crawford, Franklin, Greene, Howard, Jefferson, Lincoln, Randolph, St. Charles, St. Louis, St. Louis City, Warren and Webster counties.
<b>Nevada</b>	Carson City, Douglas, Lincoln, Lyon, Storey and Washoe counties.
<b>New Mexico</b>	All counties.
<b>North Carolina</b>	Alamance, Anson, Ashe, Avery, Buncombe, Cabarrus, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Henderson, Johnston, Lincoln, Mecklenburg, Orange, Person, Polk, Randolph, Rockingham, Stanly, Stokes, Surry, Transylvania, Union, Wake, Watauga and Yadkin counties.
<b>North Dakota</b>	Barnes, Benson, Cass, Cavalier, Dickey, Eddy, Foster, Grand Forks, Griggs, LaMoure, Nelson, Pembina, Ramsey, Ransom, Richland, Sargent, Steele, Stutsman, Towner, Traill and Walsh counties.
<b>Ohio</b>	Defiance, Erie, Fulton, Henry, Ottawa, Paulding, Putnam, Sandusky, Van Wert, Williams and Wood counties.

**Continued next page**

Exhibit B  
**STERLING Option I®**  
**Segment 1**  
**Continued**

<b>Pennsylvania</b>	Adams, Armstrong, Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming and York counties.
<b>South Carolina</b>	Anderson, Beaufort, Calhoun, Cherokee, Colleton, Fairfield, Florence, Georgetown, Greenville, Horry, Jasper, Kershaw, Laurens, Lexington, Marion, Oconee, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg and York counties.
<b>South Dakota</b>	All counties.
<b>Tennessee</b>	Anderson, Blount, Carter, Cheatham, Chester, Dickson, Fayette, Hamilton, Hawkins, Knox, Loudon, Madison, Marion, Montgomery, Robertson, Sevier, Shelby, Sullivan, Sumner, Tipton, Unicoi, Union, Washington and Wilson counties.
<b>Texas</b>	Bastrop, Bell, Bexar, Caldwell, Collin, Comal, Coryell, Dallas, Denton, Ector, Ellis, El Paso, Grayson, Gregg, Guadalupe, Harrison, Hays, Henderson, Hood, Hunt, Johnson, Kaufman, McLennan, Midland, Nueces, Parker, Rockwall, San Patricio, Smith, Tarrant, Taylor, Tom Green, Travis, Upshur, Victoria, Williamson and Wilson counties.
<b>Utah</b>	Davis, Salt Lake and Weber counties.
<b>Virginia</b>	Amelia, Caroline, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Hopewell City, King William, Louisa, New Kent, Petersburg City, Powhatan, Prince George and Richmond City counties.
<b>Washington</b>	Adams, Asotin, Clallam, Clark, Columbia, Cowlitz, Ferry, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom and Whitman counties.
<b>West Virginia</b>	Boone, Clay, Fayette, Kanawha, Lincoln and Putnam counties.
<b>Wisconsin</b>	Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowac, Marinette, Oconto, Outagamie, Shawano, Sheboygan, Waupaca and Winnebago counties.

Exhibit B  
**STERLING Option I®**  
**Segment 2**

<b>Arkansas</b>	Arkansas, Boone, Carroll, Cleburne, Conway, Craighead, Cross, Franklin, Garland, Grant, Hot Spring, Johnson, Lee, Logan, Madison, Marion, Mississippi, Newton, Perry, Poinsett, Pope, Prairie, St. Francis, Scott, Van Buren, White and Yell counties.
<b>California</b>	Napa, Santa Barbara, Solano and Tulare counties.
<b>Delaware</b>	All counties.
<b>Florida</b>	Clay, Duval, Escambia, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Nassau, Okaloosa, Santa Rosa, St. Johns, Taylor and Wakulla counties.
<b>Georgia</b>	Bulloch, Burke, Decatur, Evans, Glascock, Grady, Jefferson, Liberty, Lincoln, Screven, Taliaferro, Thomas, Warren and Wilkes counties.
<b>Illinois</b>	Bond, Calhoun, De Witt, Ford, Fulton, Greene, Knox, Livingston, Logan, Macoupin, Marshall, Mason, Mercer, Montgomery, Piatt, Randolph, Stark, Stephenson, Vermilion, Wabash, Washington, White and Whiteside counties.
<b>Indiana</b>	Adams, Allen, Clark, De Kalb, Floyd, Harrison, Huntington, Posey, St. Joseph, Vanderburgh, Warrick, Wells and Whitley counties.
<b>Iowa</b>	All counties.
<b>Montana</b>	All counties.
<b>Nebraska</b>	All counties.
<b>Nevada</b>	Clark county.
<b>New Jersey</b>	Atlantic, Cape May, Cumberland, Middlesex, Monmouth, Ocean and Salem counties.
<b>New York</b>	Albany, Broome, Cayuga, Herkimer, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie and Tioga counties.
<b>Oklahoma</b>	Adair, Atoka, Blaine, Caddo, Canadian, Cherokee, Choctaw, Cleveland, Comanche, Craig, Creek, Custer, Delaware, Garvin, Grady, Haskell, Hughes, Kingfisher, Kiowa, Latimer, Le Flore, Lincoln, Logan, Mayes, McClain, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Ottawa, Pawnee, Payne, Pittsburg, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Tulsa, Wagoner, Washington and Washita counties.
<b>Oregon</b>	Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Deschutes, Douglas, Hood River, Jackson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Washington and Yamhill counties.
<b>South Carolina</b>	Aiken, Berkeley, Charleston, Dorchester and Edgefield counties.

**Continued next page**

Exhibit B

**STERLING Option I®**

**Segment 2**

**Continued**

<b>Tennessee</b>	Bedford, Benton, Bledsoe, Bradley, Campbell, Cannon, Carroll, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, DeKalb, Dyer, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Smith, Stewart, Trousdale, Van Buren, Warren, Wayne, Weakley and White counties.
<b>Texas</b>	Anderson, Andrews, Angelina, Aransas, Atascosa, Austin, Bandera, Bee, Blanco, Bosque, Brown, Burnet, Calhoun, Callahan, Camp, Cass, Cherokee, Coke, Coleman, Colorado, Comanche, Concho, Cooke, Crane, Delta, DeWitt, Eastland, Erath, Falls, Fannin, Fayette, Fisher, Franklin, Freestone, Gillespie, Glasscock, Goliad, Gonzales, Hamilton, Hill, Hopkins, Houston, Howard, Hudspeth, Jack, Jackson, Jasper, Jim Wells, Jones, Karnes, Kendall, Kimble, Kleberg, Lamar, Lampasas, Lavaca, Lee, Leon, Limestone, Live Oak, Llano, Madison, Marion, Martin, Mason, Matagorda, McCulloch, Medina, Menard, Mills, Mitchell, Montague, Morris, Nacogdoches, Navarro, Newton, Nolan, Palo Pinto, Panola, Polk, Rains, Reagan, Red River, Refugio, Robertson, Runnels, Rusk, Sabine, San Augustine, San Saba, Schleicher, Scurry, Shackelford, Shelby, Somervell, Stephens, Sterling, Sutton, Titus, Trinity, Tyler, Upton, Van Zandt, Walker, Washington, Wharton, Winkler, Wise and Wood counties.
<b>Utah</b>	Beaver, Box Elder, Cache, Carbon, Garfield, Iron, Juab, Kane, Morgan, Piute, Rich, Sanpete, Summit, Tooele, Utah, Wasatch and Washington counties.
<b>Wisconsin</b>	Barron, Buffalo, Burnett, Columbia, Dane, Dodge, Dunn, Green, Iowa, Jefferson, Lafayette, Pepin, Pierce, Polk, Rock, St. Croix, Sauk and Washburn counties.

Exhibit B  
**STERLING Option I®**  
**Segment 3**

<b>California</b>	Alameda, Alpine, Amador, Calaveras, Colusa, Contra Costa, El Dorado, Lake, Mendocino, Placer, Sacramento, San Luis Obispo, Sonoma and Yolo counties.
<b>Colorado</b>	Adams, Arapahoe, Denver, Douglas and Jefferson counties.
<b>Georgia</b>	Bartow, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Hall, Henry, Newton, Paulding, Pickens, Rockdale and Walton counties.
<b>Indiana</b>	Boone, Delaware, Dubois, Elkhart, Fulton, Gibson, Hamilton, Hancock, Hendricks, Henry, Johnson, Kosciusko, La Porte, Lagrange, Madison, Marion, Marshall, Miami, Morgan, Noble, Pike, Rush, Shelby, Spencer, Starke, Steuben and Wabash counties.
<b>Kansas</b>	Atchison, Doniphan, Douglas, Franklin, Jackson, Jefferson, Johnson, Leavenworth, Miami, Osage, Shawnee and Wyandotte counties.
<b>Kentucky</b>	Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boyle, Bracken, Breathitt, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Casey, Clay, Clinton, Crittenden, Cumberland, Edmonson, Elliott, Estill, Fleming, Floyd, Franklin, Fulton, Garrard, Graves, Grayson, Green, Hancock, Hardin, Harlan, Harrison, Hart, Henry, Hickman, Hopkins, Jackson, Johnson, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, McCracken, McCreary, McLean, Magoffin, Marion, Marshall, Martin, Mason, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley and Wolfe counties.
<b>Michigan</b>	Allegan, Barry, Ionia, Kent, Muskegon and Ottawa counties.
<b>Missouri</b>	Bates, Buchanan, Callaway, Cass, Clay, Clinton, Cole, Dallas, Douglas, Gasconade, Henry, Iron, Jackson, Johnson, Laclede, Lafayette, Moniteau, Montgomery, Osage, Pike, Platte, Polk, Ray, St. Francois, Ste. Genevieve, Washington and Wright counties.
<b>New York</b>	Allegany, Bronx, Cattaraugus, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Jefferson, Kings, Lewis, Livingston, Monroe, Nassau, New York, Niagara, Ontario, Orange, Orleans, Otsego, Putnam, Queens, Richmond, Rockland, St. Lawrence, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming and Yates counties.
<b>Pennsylvania</b>	Alleghany, Beaver, Bucks, Butler, Chester, Delaware, Fayette, Montgomery, Philadelphia, Washington and Westmoreland counties.
<b>Washington</b>	Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Okanogan and Yakima counties.
<b>Wyoming</b>	Albany, Big Horn, Campbell, Crook, Hot Springs, Johnson, Laramie, Park, Sheridan, Washakie and Weston counties.

## Exhibit C

### General Billing Tips

- To assist you in claims submission, we have put compiled the following list of billing tips. Please review and incorporate this guidance when submitting a claim to Sterling.
- For electronic claim submission, Sterling’s electronic Payor number with ClaimsNet, Emdeon and Availity (formerly THIN) is #91151. Pharmacies billing for Part B covered drugs who need to be activated in our billing system should call 1-877-264-1221. Sterling requires the following two items of information to process Part B pharmacy claims electronically: Bin# 004303 and PCN# STERLING.
- For paper claim submission, mail to Sterling Health Plans, P.O. Box 69314, Harrisburg, PA 17106.

		<b>Common Naming Convention</b>	<b>CMS-1500</b>	<b>837P</b>
<b>Professional</b>		Referring Provider Name	Box 17	Loop 2310A NM1
		Referring Provider Legacy ID	Box 17a	Loop 2310A REF Q=1G
		Referring Provider NPI	Box 17b	Loop 2310A NM1 Q=XX
		Rendering Certification (CLIA)	Box 23	Loop 2310D REF Q=X4
		Rendering Provider Legacy ID (i.e. UPIN)	Box 24j	Loop 2310B REF Q=1G
		Rendering Provider NPI	Box 24j	Loop 2310B NM1 Q=XX
		Pay To Provider Tax ID	Box 25	Loop 2010AB REF Q=EI
		Rendering Provider Name and Credentials	Box 31	Loop 2310B NM1
		Service Facility Name Physical Address where Services were Rendered	Box 32	Loop 2310D NM1 Entity ID=77 or FA Loop 2310D N3, N4
		Pay-To Name Pay-To Address	Box 33	Loop 2010AB NM1 Loop 2010AB N3, N4
		Pay-To Provider NPI	Box 33a	Loop 2010AB NM1 Q=XX
		Misc. Provider Identifier (i.e. DME/NSC/PTAN)	Box 33b	Loop 2310AB REF Q=1C
	<b>Institutional</b>		<b>Common Naming Convention</b>	<b>UB-04</b>
		Pay To Provider Tax ID	FL 5	Loop 2010AB REF Q=EI
		Rendering Facility Medicare Identifier (6-digit Legacy ID)	FL 57	Loop 2010AA REF Q=1C
		Rendering Provider Taxonomy	FL 81	Loop 2000A PRV Q=BI
		Rendering Facility Name	FL 1	Loop 2010AA NM1
		Rendering Facility Physical Address	FL 1	Loop 2010AA N3, N4
		Rendering Facility Provider NPI (or subunit NPI if applicable)	FL 56	Loop 2010AA NM1 Q=XX
		Pay-To Facility Name	FL 2	Loop 2010AB NM1
		Pay-To Address	FL 2	Loop 2010AB N3, N4
		Pay-To Provider NPI	n/a	Loop 2010AB NM1 Q=XX

If you have any billing questions or general questions about Sterling’s Terms and Conditions, please contact Customer Service at 1-888-858-8551 or see our online Provider Manual at <https://secure.sterlingplans.com/providers/providermanual.html>.

- Provider specific billing tips can be found under our Provider Tips at [https://secure.sterlingplans.com/providers/option1/tips\\_provider.html](https://secure.sterlingplans.com/providers/option1/tips_provider.html).

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