Dodge County Hospital
Employee Health Plan

Your Benefits

For **2019**

Eastman, Georgia

Dodge County Hospital
Employee Health Care Plan

Dodge County Hospital is projecting to spend $1.5 million on health care expenses on their employees in 2018. For plan year 2019, we project that DCH will continue to spend approximately $1.5 million on medical, pharmacy and dental expenses. In evaluating our health plan, our employee benefit committee continued to search for ways that our employees can be offered affordable health care benefits to maintain their health while providing financial security against a catastrophic health care event.

In order to make health care accessible and affordable, DCH will continue to offer health care services at our facility with no member cost share. Additionally, this benefit is extended to include doctors employed by DCH. DCH will continue to offer this valuable service at no member cost share in 2019. We have to continue to remain diligent and avoid using the services of non-DCH providers when the services are available at DCH. When choosing medications, generics include the same active ingredient and cost less than half of the average brand name drug. That means savings for you and the health plan.

Changes for 2019:

- Your individual maximum out of pocket will increase from $6,600 to $7,900
- Prescription Manufacturer copayment assistance plans: You may still use the Manufacturers dollars to assist with your copayment, but you will no longer receive credit towards your out of pocket maximum for dollars paid by the manufacturer.

What is not changing in 2019:

- Maintain 100% benefit with no member cost share for services at DCH and DCH employed physicians.
- No increase in premiums for medical, prescription or dental benefits.

Thank you,

Kevin Bierschenk, CEO
Dodge County Hospital

Dodge County Hospital
Employee Benefit Plan

2019 Employee Medical and Dental Premium Cost Share
For 2019, DCH is committed to cover 70% of the cost of health care expenses. The health care industry is predicting that health care costs will continue to rise by double digits. Please see the attached **2019 Rate Sheet** for your individual premiums.

2019 Employee Medical and Dental Schedule of Benefits

Medical Benefits: Individual Annual Deductibles will remain at $2,000. Your maximum out of pocket limit will be $7,900. No member cost-share and 100% benefit for reasonable and necessary services rendered by a DCH owned facility or employed physician. Office visits under this provision will be subject to all plan provisions including medical necessity.

Pharmacy Benefits: If your doctor prescribes a Specialty Medication, when you attempt to fill that medication at your local pharmacy, you will be asked to contact Caremark Specialty Pharmacy to establish a patient account. From that point, Caremark Specialty will walk you through all steps of your new prescription from verifying medical necessity to arranging for home or local delivery to providing on-going medical management.

Dental Benefits: You will continue to enjoy the same level of benefits.

Provider Network for Hospital-provided Services within the Central Georgia Service Area

In-Network Hospitals
The Dodge County Hospital Network (DCHN) is the primary network and consists of the following list of hospitals; Dodge County Hospital (DCH), Navicent Health (aka, Medical Center of Central Georgia (MCCG), Coliseum Medical Center, Coliseum-Northside, Coliseum Same Day Surgery Center and Fairview Park Hospital. Services are only covered at non-Dodge County Hospital facilities if the patient is referred by a DCHN doctor. The First Health Network will be used as a secondary network for emergencies, when travelling outside of the primary network area, and for OB/GYN Doctors.

For emergencies and services not available at DCH or other facility, hospital services will be considered at the in-network level of benefits.

OB-GYN Doctors
In and out of network OB-GYN doctors will be paid at the in-network coinsurance level. Employees can reduce their coinsurance, the amount they pay per claim, by selecting a First Health Network participating provider. The saving is achieved because in-network providers agree to a discounted fee schedule compared to non-network providers.

Eligibility for Spouses
If your spouse is offered medical insurance through any other form of health insurance coverage, whether individual coverage or state provided, they are not eligible to enroll in the DCH Employee Medical Plan.

If your spouse does not have coverage through any other source and you elect coverage for your spouse for 2019, the attached **Spousal Eligibility Affidavit** form must be completed and returned to Human Resources by **December 10th**. Please note that there will be a $25 **per pay period** surcharge if you choose to elect coverage for your spouse.

Tobacco Surcharge
If any individual in your family that is covered under our medical plan uses tobacco products, you will pay $100 per pay period in additional premium for medical coverage. The attached **Tobacco Use Affidavit** form must be completed by all enrollees and returned to Human Resources by **December 10th**.

Open Enrollment
Open Enrollment is scheduled for the first week of December. That will be your only opportunity to make annual changes in your benefit elections without a Qualifying Event.

Employees waiving coverage or making no changes will only need to complete the **Waiver/No Changes Disclosure Statement**. Statements are due in Human Resources by **December 10th**.

A representative from Core will be in the Administration wing of the hospital from 7:00 am to 3 pm on **December 4th, 5th and 6th**.

According to the American Heart Association:

- **Just 40 minutes of aerobic exercise (of moderate to vigorous intensity) three to four times a week is enough to lower both cholesterol and high blood pressure. And there are lots of options: brisk walking, swimming, bicycling or even a dance class can fit the bill.**
- **Losing excess weight can improve your cholesterol levels. A weight loss of as little as 10 percent can help to improve your high cholesterol numbers.**

According to the Center for Disease Control:

- **Smoking causes more deaths per year than HIV, Illegal drug use, Alcohol use, Motor vehicle injuries and Firearm related incidents.**
- **More than ten times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by United States.**

By creating a wellness environment, we at DCH can help lower healthcare costs and protect our most important resource — our employees.

2019 Premiums per pay period

	DCH PORTION - 70%			
	EE	EE + Sp	EE + Child(ren)	Family
Medical	$164.49	$490.78	$459.49	$656.84
Dental	$14.36	$29.30	$29.30	$40.99
Dental w/ortho	N/A	N/A	37.73	64.95

	EMPLOYEE PORTION - 30%			
	EE	EE + Sp	EE + Child(ren)	Family
Medical	$70.49	$235.34	$196.92	$306.50
Medical w/ Tob.	$170.49	$335.34	$296.92	$406.50
Dental*	$6.15	$12.56	$12.56	$17.57
Dental w/ortho*	N/A	N/A	$16.17	$27.84

***Spousal fee of $25 per pay period is already added to EE+SP and Family medical premiums.**

*Employee must have either EE+Child(ren) or family coverage to elect orthodontic coverage. Ortho is available for dependents under age 19.

Note: A $100 per pay period surcharge will be added if any individual in your family that is covered under our medical plan uses any form of tobacco (including all forms of cigarettes, cigars, smoking tobacco, snuff and any other product containing at least 50 percent tobacco regardless of the number of times, frequency or method of use).

Dodge County Hospital Employee Healthcare Plan
Open Enrollment Quick Reference Summary
Effective January 1, 2019

Medical Coverage

PREMIUMS (per pay period)

Coverage Type	Premium
Employee	$70.49
Employee + Spouse	$235.34
Employee + Children	$196.92
Employee + Family	$306.50

Deductibles, Coinsurance and Maximums	In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible – Individual	$2,000	$3,000
Coinsurance	70%	50%
Annual Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Maximum Out-of-Pocket * – Individual	$7,900	Unlimited
– Family	$15,800	Unlimited

*Effective January 1st, the maximum out-of-pocket includes: deductibles, copayments and pharmacy copayments.

Primary network hospital is Dodge County Hospital Network (DCHN) as well as physicians with admitting privileges to DCH.
Ancillary hospitals: Fairview Park Hospital, Coliseum, Coliseum-Northside and Coliseum Same Day Surgery and Medical Center of Central Georgia

Covered Services	In-Network Benefit	Out-of-Network Benefit
Office Visits: Preventive Care Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
• Annual physical exam	Plan pays 100% (*not subject to deductible*)	Not covered
• Eye exam	$35 copayment, Plan pays 70%. $100 calendar year maximum	$35 copayment, Plan pays 70%. $100 calendar year maximum
Illness or Injury		
• Doctor's office visit (includes allergy injections billed alone)	Plan pays 70% after $35 copayment (see footnote exception for DCH physician)[1]	Plan pays 50% after deductible
• OB/GYN visit	Plan pays 70% after $35 copayment	Plan pays 70% after $35 copayment
• Chiropractic care	$35 copayment; 20 visit year maximum	Plan pays 50% after deductible
• Maternity physician services (prenatal, delivery, postpartum)	Plan pays 70% after deductible	Plan pays 70% after deductible
• Newborn nursery care (included as expense of the baby)	Plan pays 70% after deductible	Plan pays 70% after deductible
• Supplemental accident benefit	1st $500 per accident payable at 100%, then plan pays 70% after deductible	Not Covered
Emergency Room Services		
• Hospital emergency room (per visit)	$150 copayment, Plan pays 70% after deductible	$150 copayment, Plan pays 70% after deductible
• Hospital "per admission" deductible	$500 deductible	$1,000 deductible

[1] No member cost-share and 100% benefit for reasonable and necessary services rendered by a DCH owned facility or employed physician. Office visits under this provision will be subject to all plan provisions including medical necessity.

Inpatient / Outpatient Services		
• Preadmission testing	Plan pays 70% after deductible	Plan pays 50% after deductible
• Physician services (anesthesiologist, radiologist, pathologist)	Plan pays 70% after deductible	Plan pays 50% after deductible
• X-ray and lab services (performed in Doctor's Office)	Plan pays 70% after deductible	Plan pays 50% after deductible
• X-ray and lab services (performed at Hospital or Free-standing Facility)	Plan pays 70% after deductible	Plan pays 50% after deductible
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges	Plan pays 70% after deductible	Plan pays 50% after deductible
Other Services Calendar year maximums are combined between in-network and out-of-network		
• Mental or Nervous Disorder; Substance abuse	Plan pays 70% after deductible	Plan pays 50% after deductible
• Air Ambulance	Plan pays 60% after deductible	Plan pays 60% after deductible
PRESCRIPTION CO-PAYS (The greater of the flat-dollar copayment or coinsurance)	**RETAIL PHARMACY** (30-day supply only)	**MAIL ORDER** (60, 90-day supply)
GENERIC	$10 or 25% cost of drug after $150	$20 or 25% cost of drug after $150
PREFERRED	$30 or 30% cost of drug after $150	$60 or 30% cost of drug after $150
NON-PREFERRED	30% cost of drug under $150 50% cost of drug $150 and over	30% cost of drug under $150 50% cost of drug $150 and over
PRE-CERTIFICATION	This Plan covers only charges that are Medically Necessary for the care and treatment of disease or injury. To determine Medical Necessity, Core Health Services (CHS) requires that you obtain advance approval (pre-certification) for scheduled inpatient and outpatient hospital treatment and all services performed in an Ambulatory Surgical Facility or Specialized Treatment Facility (Oncology Center, Dialysis Facility, etc.). Please call CHS to see if your Outpatient Procedure requires Pre-certification. • Maternity (see separate Maternity Admissions) also requires notification. • Emergency services no longer require precertification (see separate Emergency or Urgent Inpatient or Outpatient Admissions). MUST BE REPORTED TO CORE WITHIN 48 HOURS. **PENALTY FOR FAILURE OF PRE-CERTIFICATION IS $1,000.**	
EXCLUDED SERVICES	The following services are not covered: • Gastric bypass surgery	
EXCLUDED FACILITIES	Benefits will not be covered for the following excluded facilities: The Doctors Hospital of Tattnall, Women's Surgery Center in Statesboro, Bleckley Memorial Hospital and Taylor Regional Hospital.	

Dodge County Hospital Employee Healthcare Plan
Open Enrollment Quick Reference Summary
Effective January 1, 2019

Dental Coverage

Calendar Year Maximum	**$1,000 per covered Individual**
Lifetime Maximum for Orthodontic Services	**$1,200 per covered Individual (not to exceed $600 in annual benefits)**

PREMIUMS (per pay period)		
	Dental Only	**Dental + Optional Ortho**
Employee	**$6.15**	**–**
EE+Sp	**$12.56**	**--**
Employee + Child(ren)	**$12.56**	**$16.17**
Family	**$17.57**	**$27.84**

Calendar Year Deductible Per Covered Individual (Waived for Diagnostic and Preventive)	
Type B – Basic Procedures	**$50**
Type C – Major Procedures	**$50**

COINSURANCE	
Type A – Diagnostic and Preventive	**100% of Usual & Customary**
Type B – Basic Procedures	**80% of Usual & Customary**
Type C – Major Procedures	**80% of Usual & Customary**
Type D – Orthodontia Procedures	**50% of Usual & Customary**

WAITING PERIOD FOR LATE ENROLLEES	
Type A – Diagnostic and Preventive **Type B – Basic Procedures** **Type C – Major Procedures**	**Covered Once Coverage is in Force**
Type D – Orthodontia Procedures	**One (1) Year Waiting Period**

Plan Payment Provisions – Dental

The following is a summary of Covered Dental Procedures under this Dental Expense Benefit. For the complete listing, consult your Plan Document.

Type A: Diagnostic and Preventive

- Oral examination (one each six-month period)
- Prophylaxis (Cleaning of teeth, including scaling and polishing; twice per calendar year)
- Topical Fluoride application (Applicable only to dependent children; once per calendar year)
- Space maintainers (Applicable only to children under age 14)
- Topical application of sealers (Applicable only to children under age 14; covered once each quadrant in each four-year period)
- Intraoral X-Rays
  - One complete series of x-rays (once each three-year period)
  - Bitewing x-rays (twice per calendar year)
  - Occlusal
  - Periapical
- Extraoral X-Rays (Only one of the listed extraoral procedures is covered twice in one calendar year)
  - Panoramic
  - Sialography
  - TMJ
  - Cephalometric film
  - Posteroanterior and lateral skull and facial bone survey

Type B: Basic Procedures

- Fillings (amalgam, silicate, plastic, or composite)
- Stainless steel crown
- Oral Surgery
  - Extraction of non-impacted teeth
  - Removal of dental cysts and tumors
  - Tooth replantation
- Periodontic Services (Only one of the listed surgical procedures will be covered for each quadrant per calendar year)
  - Gingivectomy
  - Osseous surgery
  - Scaling and root planting (twice each quadrant in one calendar year)
- Endodontic Services
  - Pulp cap
  - Root canal therapy, including treatment plan, diagnostic x-rays, clinical procedures, and follow-up care
  - Retrograde filling
- General Anesthesia
- Repairs to bridges and full or partial dentures

Type C: Major Procedures

- Inlays and Onlays
- Crowns (other than stainless steel crowns which is a Class II expense)
- Fixed bridges
- Dentures – full or partial

Initial placement of fixed bridges or dentures (full or partial) to replace teeth which were missing prior to the effective date of the individual's coverage will be covered only after the individual has been covered under this Plan for 24 consecutive months, unless the fixed bridgework or dentures (full or partial) also included replacement of a natural tooth extracted while covered.

Replacement of fixed bridges or dentures (full or partial) is covered only if the original bridge or existing denture cannot be made serviceable and (a) the individual has been covered under this Plan for at least 12 consecutive months, and (b) five years have elapsed since the last placement.

Type D: Orthodontia Procedures

Eligible expenses are those incurred for diagnosis, surgical therapy, and appliance therapy. This includes related oral exams, surgery, and extractions; however, these will be an eligible expense only if the insured dependent child is under the age of 19 and the treatment is for:

- Overbite or overjet of at least four millimeters
- Maxillary and mandibular arches in ether protrusive or retrusive relation of at least one cusp
- Cross-bite
- An arch length difference of more than four millimeters in either the maxillary or mandibular arch
- Bimaxillary protrusion of 10 millimeters or more

Employee's Name: _____
Social Security Number: _____

Spousal Eligibility Affidavit

Your spouse will not be added to your medical plan until this Affidavit is completed and returned. For example, you will be enrolled as "Employee Only" before being changed to "Employee + Spouse" (or "Employee + Child" before being changed to "Employee + Family"). Also, a $25 per pay period surcharge will be added if you choose to cover your spouse on the health plan.

Check appropriate box, sign and date form, and submit required documentation to Human Resources.

☐ My spouse is employed but is not eligible for or not offered health benefits through his/her employer; or other form of health insurance coverage whether individual coverage, state provided coverage and/or federal provided coverage. A letter, on the employer's letterhead with an employer contact person's name and phone number, that states my spouse's name and that my spouse is not offered health benefits is attached.

☐ My spouse is self-employed and not covered under any other form of health insurance coverage whether individual coverage, state provided coverage and/or federal provided coverage. A copy of the prior year's federal tax return (with financial information blocked out) showing self-employment status is attached. If recently self-employed, a signed, notarized statement is attached stating the name of my spouse and name of his or her business (or nature of business if no name) and a statement attesting that my spouse is currently self-employed and not covered under any other health coverage.

☐ My spouse is unemployed or retired and not covered under any other form of health insurance coverage whether individual coverage, state provided coverage and/or federal provided coverage. A copy of the prior year's federal tax return (with financial information blocked out) showing unemployment status is attached. If recently unemployed, a signed, notarized statement is attached stating the name of my spouse and a statement attesting that my spouse is currently unemployed, and not covered under any other health coverage.

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to disciplinary action, up to and including termination of employment, if I knowingly and willfully make false or fraudulent statement or representation to Dodge County Hospital regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Employee Signature_____ Date_____

Any status change to your spouse's coverage with **their** employer must be **reported to your Human Resources Department within 30 days or charges may not be covered**.

To be completed by the Benefit Coordinator:

Department:	
Authorized Signature:	**Date:**

Employee's Name: _____

Social Security Number: _____

Tobacco Use Affidavit

If you enroll in the medical plan, you must complete this Affidavit to indicate the use, or non-use, of tobacco products. * Dodge County Hospital will apply the $100 per pay period tobacco surcharge if you do not complete and return this Affidavit.

* Tobacco products include all forms of cigarettes, cigars, smoking tobacco, chewing tobacco, snuff, and any other product containing at least 50 percent tobacco regardless of the number of times, frequency or method of use.

Please initial one of the three statements:

_____ Neither I nor my covered dependents have ever used tobacco products.

_____ I or my covered dependents have used tobacco products but not within the past 12 months.

_____ I or my covered dependents currently use tobacco products.

Who uses tobacco: ☐ Employee
☐ Dependent (spouse and/or children)

I do hereby attest that the above information is true and correct to the best of my knowledge. I understand that Dodge County Hospital may, at its discretion, conduct future testing to confirm compliance with non-tobacco use. I also understand that my department head will receive a list of all employees in my department who have submitted a signed Affidavit indicating Non-Tobacco Use. I further acknowledge and understand that I may be subject to disciplinary action up to and including termination of employment, if I knowingly and willfully make a false or fraudulent statement or representation to Dodge County Hospital regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.
It is my responsibility to complete a new form within 30 days should this information change.

_____ _____
Employee Signature Date

Please have your supervisor sign the form below confirming that he or she is aware that you are claiming this benefit.

_____ _____
Supervisor Signature Supervisor's printed name

To be completed by the Benefit Coordinator:

Medical Plan:	Department:
Authorized Signature:	**Date:**

Employee's Name: _____

Social Security Number: _____

Waiver/No Changes Disclosure Statement

This form must be completed and returned to Human Resources by December 10th.

Eligible employees are able to make changes to their benefits during open enrollment, which will then become effective on January 1st. Except for certain changes in employment or family status, Open Enrollment is the only time changes can be made to certain benefit plans.

Check appropriate box, sign and date form, and submit required documentation to Human Resources.

- ☐ This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for coverage offered to me and my eligible dependents and have voluntarily elected to waive coverage If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a pre-existing condition waiting period.

- ☐ This is to certify the available coverage has been explained to me. I have been given the opportunity to make changes to the coverage offered to me and do not need to make any change. I also certify that my personal information has not changed (e.g. name, address, phone number, e-mail address, etc.). My 2018 plan elections will continue into the 2019 plan year. I understand that even though I have no changes in my coverage, it is my responsibility to return the Spousal Eligibility Affidavit (if applicable) and the Tobacco Use Affidavit to my Human Resources Department.

Employee Signature_____

Date_____

To be completed by the Benefit Coordinator:

Department:	
Authorized Signature:	Date:

Contact information

Core Management Resources (Medical)
Member Services
Website: www.corehealthbenefits.com
Member Services: Monday thru Friday, 8:00 a.m. to 5:00 p.m. ET
1-888-741-2673

Provider Network
Dodge County Hospital Network (DCHN)

First Health Network (FHN)
Website: http://firsthealth.coventryhealthcare.com/

Additional Contact Information

Peach Care for Kids
www.peachcare.org
1-877-427-3224

Social Security Administration
www.ssa.gov
1-800-772-1213

Centers for Medicare & Medicaid Services (CMS)
www.medicare.gov
Help Line
24 hours a day/ 7 days per week
800-633-4227
TTY 877-486-2048

CORE MANAGEMENT RESOURCES