

Jeff Davis Hospital  
Employee Health Plan

# Your Benefits

*For 2018*



Hazlehurst, Georgia

## Are you ready to make your Open Enrollment benefit decisions for 2018?

As you carefully consider the medical options available to you before making your Open Enrollment elections for 2018, you need to think about how many services you (and/or your family) may incur. There are two plan choices, Plan A- Gold and Plan E- Bronze. If you prefer to have a lower per-pay deduction for your medical coverage and pay a little more at the time of service, then Plan E- Bronze is the right plan for you. Before you make your Open Enrollment elections between Monday October 16th and Tuesday October 31, take a closer look at each Plan option by reviewing the following schedule of benefits.

### Jeff Davis Cares Plan Network

The Primary Network for this Plan is **Jeff Davis Hospital (JDH)**. If a medical service can be performed at JDH, all covered members (employees, spouses and children) must have these services performed at Jeff Davis Hospital or the service is NOT COVERED. The provider network for physician utilization is **Memorial Health Partners** and select members of the **South Georgia Physicians Association** (SGPA). The provider network for hospital utilization will only include JDH, Coffee Regional Medical Center, and Memorial Health Medical Center. The hospitals must be used in that order and you may not proceed to the next hospital when the services you need are available at that hospital. For physician and hospital services not available within your Primary Network, services will only be considered at the in-network level of benefits if pre-approved by Core Management Resources Group.

When traveling outside of the primary network for business or vacation, the First Health Network is your statewide and nationwide network of preferred providers.

Core Management Resources is committed to transforming your care by offering exceptional and affordable benefits. Your Health and Welfare benefits for 2018 are geared to provide you and your family members with outstanding healthcare coverage, choices and flexibility. Along with Core, Jeff Davis Hospital is dedicated to delivering professional, courteous and compassionate care. This guide summarizes the health and welfare benefits offered to eligible employees as of January 1, 2018. Be sure to save this benefits guide for reference throughout the year.

– DISCLAIMER –

*This guide is for informational purposes only. Any discrepancies between the information contained herein and the Plan Document shall be superseded by the plan's official documents.*

## 2018 Benefit Choices

### Medical Plan Choices

*Premiums – Per Pay Period*

Coverage	Plan A – Gold (1,500 Deductible)	Plan E – Bronze (3,500 Deductible)
Employee	\$109	\$63
Employee & Spouse	\$229	\$163
Employee & Child(ren)	\$186	\$132
Employee & Family	\$306	\$218
Tobacco Surcharge	\$80 (per month)	
Spousal Surcharge	\$80 (per month)	

**Jeff Davis Cares Powered by Jeff Davis Hospital (JDH)**  
**Frequently Asked Questions**  
**2018 Plan Year**

**Q1. I hear we are making network changes to our health plans effective January 1, 2018. What is the first thing I need to know?**

**Answer:** It is important that every member clearly understands that if a service is available at JDH then that is the only option. If you do utilize another hospital and the services could have been performed at JDH, the charges will not be covered at all. The provider network for hospital utilization will only include JDH, Coffee Regional Medical Center and Memorial Hospital. **The hospitals must be used in that order** and you may not proceed to the next hospital when the services you need are available at that hospital. Also, please note that Meadows Regional is no longer part of your network.

**Q2. If my spouse is offered coverage through his/her employer, can I still add him/her to my policy?**

**Answer:** YES, however, if your spouse is eligible for health coverage through their employer and you still elect to add them to your policy, there will be a surcharge of \$80 per month. If you wish to enroll your spouse and they are not eligible through their employer, you must complete and return the *Spousal Eligibility Affidavit* by October 27.

**Q3. Is there a fee for tobacco usage?**

**Answer:** Jeff Davis Hospital maintains a tobacco-free campus. In order to support their employees and promote an atmosphere of wellness, we will be continuing the \$80 monthly tobacco surcharge. If you enroll in one of the medical plans, you must complete the *Tobacco Use Affidavit* to indicate the use, or non-use, of tobacco products.

**Q4. I hear that our health plan is self-funded, what does that mean?**

**Answer:** Self-funding means we are not paying premiums to an insurance company. We take employer and employee contributions to fund claims. Since we are using our own dollars, that means we have to become good health care consumers. Good health consumers are cost-effective whenever they are seeking healthcare. This means seeking services from network providers and pharmacies. Cost effective also means questioning the cost of goods and services. With a fully-insured health plan, what we don't spend is kept by the insurance company. With a self-funded health plan, what we don't spend can be kept by the hospital to hold down the cost of employee premiums. Keep watch for more information on what you can do to save you and the health plan money!

**Q5. What will the health insurance cost?**

**Answer:** JDH is continuing the two health plan options, Option A-Gold or Option E-Bronze. There is no premium increase for the upcoming plan year.

**Q6. When will JDH hold its annual Open Enrollment Period?**

**Answer:** Open enrollment will be for two weeks starting on October 16. Additional instructions will be provided prior to October 16. JDH will continue to offer online open enrollment.

**Q7. Other than open enrollment, will there be other times that I can make changes, add or delete covered family members?**

**Answer:** Open enrollment is the only time of the year that you can make changes without a Qualifying Event. Any other change made outside the fall open enrollment will require a change in family status. For example, a new marriage, divorce, birth of child, or loss of coverage for a family member. It is also important to know that all enrollments for qualifying events must be made within 31 days.

**Q8. Will employees need to provide proof of a qualifying event to enroll after the wavier period?**

**Answer:** YES, if a qualifying event occurs the employee must submit proof of the qualifying event. For example, marriage certificate, birth certificate or termination of coverage notice.

**Q9. What does the plan cover?**

**Answer:** Please see the [Schedule of Benefits Summary](#) for details.

**Q10. Is JDH health plan Affordable Care Act (ACA) compatible?**

**Answer:** Yes. JDH health plan satisfies all requirements of the ACA including Minimum Value and Affordability.

**Q11. After enrolling in the plan, will I have an option to continue seeing my personal physician?**

**Answer:** If you want the highest level of benefits, you must select a provider from the Memorial Health Partners (MHP) network of providers. The complete Provider Directory Search Tool is located here: <http://www.memorialhealth.com/mhp-about-us-providers.aspx>. Remember that only JDH, Coffee Regional Medical Center and Memorial Health are in-network.

**Q12. What are the phone numbers?**

**Answer:** For medical and pharmacy related questions, please call Core Management Resources Group at 1-888-741-2673. This number is also on the back of your identification card.

**Q13. When will medical ID cards be mailed?**

**Answer:** All cards will be sent to JDH for distribution by December 15.

**Q14. What is the web address to find plan documents and view my paid claims?**

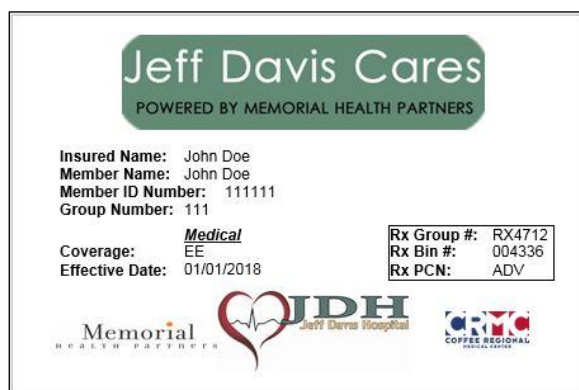
**Answer:** Go to [www.corehealthbenefits.com](http://www.corehealthbenefits.com) and click the link to Corelink/Claims Login in the upper right-hand corner.

**Q15. What is the first thing I need to do with my new ID card?**

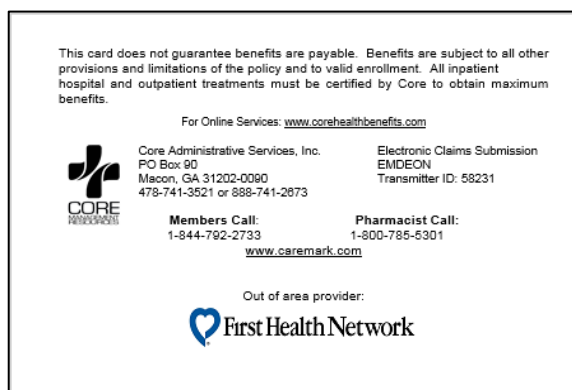
**Answer:** You must provide a copy of your new ID card to your doctor and pharmacy. Your new ID card will provide all of the necessary information needed for your providers to your file your claims and to verify your benefit coverage.

**Q16. What will our id card look like?**

Front of card:



Back of card:



### **Q17. What are the services that can be performed at Jeff Davis Hospital?**

**The following procedures can be done at Jeff Davis Hospital and require pre-certification through Core Health Services:**

- Biopsy (any body part including skin)
- Bronchoscopy
- CT Scan
- Colonoscopy
- Echocardiogram
- Electroencephalogram (EEG)
- Inpatient stay
- MRI
- Observation Stay
- Outpatient surgery (unless listed below)
- Sleep Studies

**The following items do not require pre-certification and can be done at Jeff Davis Hospital:**

- Esophagogastroduodenoscopy (EGD)
- Electrocardiogram (EKG)
- Mammogram
- Ultrasound (Also called Doppler studies)
- X-rays

**You are required to obtain authorization for certain procedures that might be cosmetic or not medically necessary for the treatment of illness or injury. All requests for these procedures should be made in writing and should be submitted well in advance of the planned procedure date:**

- Hernia repairs, all except inguinal
- Keloid removal
- Mastectomy for gynecomastia

\*Always check with Jeff Davis Hospital before scheduleing a service to make sure the service cannot be performed at the hospital, as this list is subject to change or update.

## Plan A - GOLD\*

### Quick Reference Summary

**\$1,500 80%/50% OV: \$30/\$50 Rx: \$10/\$25/\$50**

**Point of Service (Open Access)**



### Schedule of Benefits

Deductibles, Coinsurance and Maximums	In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance	Plan pays 80% after deductible	Plan pays 50% after deductible
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$3,000 \$6,000	Unlimited Unlimited
<ul style="list-style-type: none"> <li>*Compared to other "Gold Level" healthcare plans, a policyholder can expect Plan A to cover approximately 75% of your medical expenses in a given year.</li> <li>100% of co-pays, co-insurance, and out-of-pocket expenses are applied towards the individual and family deductibles.</li> <li>Out of pocket expenses are capped at \$3,000 per individual and \$6,000 per family annually.</li> <li>All out-of-network co-pays, co-insurance, and out-of-pocket expenses are applied towards the in-network maximum limits.</li> <li>In-network out-of-pocket expenses are not applied toward the out-of-network, out-of-pocket maximum limits.</li> <li>Per the Affordable Care Act, a Summary of Benefits and Coverage (SBC) form summarizes health plan information and provides estimated costs of commonly used services for this plan.</li> <li><u>Primary network hospitals</u>: 3 regional hospitals: JDH, Coffee Regional Medical Center &amp; Memorial. It is important that every member clearly understands that if a service is available at JDH then that is the only in-network option. The hospitals must be used in the above order. You may not proceed to the next hospital when the services you need are available at that hospital.</li> </ul>		
Covered Services	In-Network Benefit **** Member Pays ****	Out-of-Network Benefit **** Member Pays ****
<b>Preventive Care and Services</b> Preventive Care Services are those that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
• Well-child care, immunizations, vaccines	No cost	Member pays deductible then 50%
• Annual adult health examinations and physicals	No cost	Member pays deductible then 50%
• Annual gynecology examination and mammograms	No cost	Member pays deductible then 50%
• Annual prostate screening	No cost	Member pays deductible then 50%
<b>Primary Care Physician (PCP) Services</b> Services performed AND billed in a physician's office		
• Office Visit (including diagnostic x-rays and laboratory performed in physician's office)	\$30 Co-pay	Member pays deductible then 50%
• <b>Specialist Office Visit</b> (including diagnostic x-rays and laboratory performed in physician's office)	\$50 Co-pay	Member pays deductible then 50%
• Surgery in a physician's office	Member pays deductible then 20%	Member pays deductible then 50%
• Allergy care (testing, serum, and allergy shots)	Member pays deductible then 20%	Member pays deductible then 50%
• Maternity physician services (prenatal, delivery, postpartum)	Member pays deductible then 20%	Member pays deductible then 50%
<b>Emergency Room Services</b>		
• Life-threatening illness or serious accidental injury	Member pays deductible then \$200 Co-pay (waived if admitted) & 20% co-insurance	Same as In-network benefits
• Non-emergency use of the emergency room	Not a covered service	Not a covered service
<b>Inpatient Hospital Services</b>		
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Member pays deductible then \$200 co-pay <u>per inpatient hospital admittance</u> & 20% co-insurance	Member pays deductible then \$600 co-pay per admittance & 50% co-insurance
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%
<b>Outpatient Services</b>		
• Surgery facility / hospital charges	Member pays deductible then 20%	Member pays deductible then 50%
• Diagnostic X-ray and lab services	Member pays deductible then 20%	Member pays deductible then 50%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%

## Plan A - GOLD Continued

Covered Services	In-Network Benefit	Out-of-Network Benefit
<b>Therapy Services</b> Calendar year maximums are combined between in-network and out-of-network		
• Speech therapy (25 visit limit annually)	Member pays deductible then 20%	Member pays deductible then 50%
• Physical therapy, occupational therapy, chiropractic care and services of athletic trainers (25 visit limit combined annually)	Member pays deductible then 20%	Member pays deductible then 50%
• Pulmonary/Cardiac therapy	Member pays deductible then 20%	Member pays deductible then 50%
• Radiation therapy and chemotherapy	Member pays deductible then 20%	Member pays deductible then 50%
<b>Mental Health / Substance Abuse</b> Services must be authorized by calling 1-888-741-2673		
• Inpatient (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Inpatient Substance Abuse Detoxification (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Partial Hospitalization Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Intensive Outpatient Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Professional Outpatient Services	Member pays deductible then 20%	Member pays deductible then 50%
<b>Other Services</b> Calendar year maximums are combined between in-network and out-of-network		
• Urgent Care Center	\$75 Co-pay	\$75 copayment Member pays deductible then 50%
• Skilled Nursing Facility (30-day maximum cap)	Member pays deductible then 20%	Member pays deductible then 50%
• Home Health Care (120-day calendar year maximum)	Member pays deductible then 20%	Member pays deductible then 50%
• Hospice Care	Member pays deductible then 20%	Member pays deductible then 50%
• Ambulance (Ground)	Member pays deductible then 20%	Member pays deductible then 50%
• Ambulance (Air)	Member pays deductible then 20%	Member pays deductible then 50%
• Durable Medical Equipment (DME)	Member pays deductible then 20%	Member pays deductible then 50%
• Orthotics	Member pays deductible then 20%	Member pays deductible then 50%
• Prosthetics	Member pays deductible then 20%	Member pays deductible then 50%
<b>PRESCRIPTION CO-PAYS</b> (The greater of the flat-dollar co-payment or coinsurance)	<b>RETAIL PHARMACY</b> (30-day supply only)	<b>MAIL ORDER</b> (60, 90-day supply)
<b>GENERIC</b>	\$10	\$25
<b>PREFERRED</b>	\$25	Greater than \$50 or 25%
<b>NON-PREFERRED</b>	\$50	Greater than \$100 or 50%
<b>PRE-CERTIFICATION</b>	This Plan covers only charges that are Medically Necessary for the care and treatment of disease or injury. To determine Medical Necessity, Core 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 Core to see if your Outpatient Procedure requires Pre-certification. <ul style="list-style-type: none"> <li>• Maternity (see separate Maternity Admissions) also requires notification after 48 hrs.</li> <li>• Emergency services no longer require precertification (see separate Emergency or Urgent Inpatient or Outpatient Admissions).</li> </ul> <b>PAYMENT PENALTY FOR FAILURE TO PRECERTIFY IS 50%. THIS IS IN ADDITION TO ANY DEDUCTIBLES.</b>	
<b>EXCLUDED SERVICES AND PROCEDURES</b>	<ul style="list-style-type: none"> <li>• Genetic testing, Gastric bypass surgery, and Cosmetic procedures</li> <li>• All non-FDA approved procedures and services</li> <li>• Services that do not meet <i>Medical Necessity</i> designation</li> </ul>	

This Schedule of Benefits is part of your Certificate of Insurance but does not replace it. Many words are defined elsewhere in the Certificate, and other limitations or exclusions may be listed in other sections of your Certificate. Reading this Schedule by itself could give you an inaccurate impression of the terms of your coverage. This Schedule must be read with the rest of your Certificate.

- Prior authorization may be required for specific services.
- Payment to Out-of-Network providers is based on the Out-of-Network Rate (ONR).
- Preventative Services must qualify as such as specified in your contract and the PPACA in order to be exempt from applicable deductibles.
- Physician services are limited to one Copay per Member, per provider, per date of service and per place of service.



## Plan E - BRONZE\*

### Quick Reference Summary

**\$3,500 75%/50% OV: \$50/\$75 Rx: \$10/\$50/\$80**

**Point of Service (Open Access)**

**Jeff Davis Cares**

POWERED BY MEMORIAL HEALTH PARTNERS

### Schedule of Benefits

Deductibles, Coinsurance and Maximums	In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible <ul style="list-style-type: none"> <li>– Individual</li> <li>– Family</li> </ul>	<b>\$3,500</b> \$5,000	<b>\$7,000</b> \$10,000
Coinsurance	<b>Plan pays 75% after deductible</b>	Plan pays 50% after deductible
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum <ul style="list-style-type: none"> <li>– Individual</li> <li>– Family</li> </ul>	\$6,600 \$13,200	Unlimited Unlimited

- **\*Compared to other "Bronze Level" healthcare plans, a policy holder can expect Plan E to cover approximately 60% of your medical expenses in a given year.**
- **100% of co-pays, co-insurance, and out-of-pocket expenses are applied towards the individual and family deductibles.**
- **Out of pocket expenses are capped at \$6,600 per individual and \$13,200 per family annually.**
- **All out-of-network co-pays, co-insurance, and out-of-pocket expenses are applied towards the in-network maximum limits.**
- **In-network out-of-pocket expenses are not applied toward the out-of-network, out-of-pocket limit.**
- **Per the Affordable Care Act, a Summary of Benefits and Coverage (SBC) form summarizes health plan information and provides estimated costs of commonly used services for this plan.**
- **Primary network hospitals: 3 regional hospitals: JDH, Coffee Regional Medical Center & Memorial. It is important that every member clearly understands that if a service is available at JDH then that is the only in-network option. The hospitals must be used in the above order. You may not proceed to the next hospital when the services you need are available at that hospital.**

Covered Services	In-Network Benefit ***** Member Pays *****	Out-of-Network Benefit ***** Member Pays *****
<b>Preventive Care and Services</b> Preventive Care Services are those that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
• Well-child care, immunizations, vaccines	No cost	Member pays deductible then 50%
• Annual adult health examinations and physicals	No cost	Member pays deductible then 50%
• Annual gynecology examination and mammograms	No cost	Member pays deductible then 50%
• Annual prostate screening	No cost	Member pays deductible then 50%
<b>Primary Care Physician (PCP) Services</b> Services performed AND billed in a physician's office		
• Office Visit (including diagnostic x-rays and laboratory performed in physician's office)	\$50 Co-pay	Member pays deductible then 50%
• <b>Specialist Office Visit</b> (including diagnostic x-rays and laboratory performed in physician's office)	\$75 Co-pay	Member pays deductible then 50%
• Surgery in a physician's office	Member pays deductible then 25%	Member pays deductible then 50%
• Allergy care (testing, serum, and allergy shots)	Member pays deductible then 25%	Member pays deductible then 50%
• Maternity physician services (prenatal, delivery, postpartum)	Member pays deductible then 25%	Member pays deductible then 50%
<b>Emergency Room Services</b>		
• Life-threatening illness or serious accidental injury	Member pays deductible then \$200 Co-pay (waived if admitted) and 25% Co-insurance	Same as In-network benefits
• Non-emergency use of the emergency room	Not a covered service	Not a covered service
<b>Inpatient Hospital Services</b>		
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Member pays deductible then \$600 Co-pay <u>per hospital admittance</u> and 25% Co-insurance	Member pays deductible then \$1800 Co-pay per admittance, then plan pays 50%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 25%	Member pays deductible then 50%
<b>Outpatient Services</b>		
• Surgery facility / hospital charges	Member pays deductible then 25%	Member pays deductible then 50%
• Diagnostic X-ray and lab services	Member pays deductible then 25%	Member pays deductible then 50%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 25%	Member pays deductible then 50%

## Plan E - BRONZE continued

Covered Services	In-Network Benefit	Out-of-Network Benefit
<b>Therapy Services</b> Calendar year maximums are combined between in-network and out-of-network		
• Speech therapy (25 visit limit annually)	Member pays deductible then 25%	Member pays deductible then 50%
• Physical, occupational therapy, chiropractic care and services of athletic trainers (25 visit limit combined annually)	Member pays deductible then 25%	Member pays deductible then 50%
• Pulmonary/Cardiac therapy	Member pays deductible then 25%	Member pays deductible then 50%
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• Urgent Care Center	\$75 Co-pay	\$75 copayment Member pays deductible then 50%
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- Physician services are limited to one Copay per Member, per provider, per date of service and per place of service.

# Contact information

## **Core Management Resources (Medical)**

Member Services

Website: [www.corehealthbenefits.com](http://www.corehealthbenefits.com)

Member Services: Monday thru Friday, 8:00 a.m. to 5:00 p.m. ET

1-888-741-2673

Provider Network - Memorial Health Partners (MHP)

Website: <http://www.memorialhealth.com/mhp-about-us-providers.aspx>

## **Ancillary Benefits (All Reliance Standard Life Insurance and Allstate Benefits)**

Mr. Don Durrant (912) 756-5331

Durrant and Associates

PO Box 1917

10153 Ford Avenue, Suite B

Richmond Hill, GA 31324

Mr. Ron Cobb (912) 375-2520

Cobb Swain Insurance Agency

18 Church St

Hazlehurst, GA 31539-6446

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## Additional Contact Information

### **Peach Care for Kids**

[www.peachcare.org](http://www.peachcare.org)

1-877-427-3224

### **Social Security Administration**

[www.ssa.gov](http://www.ssa.gov)

1-800-772-1213

### **Centers for Medicare & Medicaid Services (CMS)**

[www.medicare.gov](http://www.medicare.gov)

Help Line

24 hours a day/7 days per week

800-633-4227

TTY 877-486-2048



## CORE MANAGEMENT RESOURCES

515 Mulberry Street, Suite 300, Macon, GA 31201 • Phone: 478.741.3521 • Fax: 478.745.1843  
[www.corehealthbenefits.com](http://www.corehealthbenefits.com)