

Jeff Davis Hospital
Employee Health Plan

Your Benefits

For 2019



Hazlehurst, Georgia

Are you ready to make your Open Enrollment benefit decisions for 2019?

As you carefully consider the medical options available to you before making your Open Enrollment elections for 2019, 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 15th and Wednesday 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 2019 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, 2019. 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.

2019 Benefit Choices

Medical Plan Choices

Premiums – Per Pay Period

Coverage	Plan A – Gold	Plan E – Bronze
	(1,750 Deductible)	(3,750 Deductible)
Employee	\$114	\$66
Employee & Spouse	\$240	\$171
Employee & Child(ren)	\$195	\$139
Employee & Family	\$321	\$229
Tobacco Surcharge	\$80 (per month)	
Spousal Surcharge	\$80 (per month)	

JEFF DAVIS HOSPITAL

MISSION:

We impact lives.

Vision:

Building a healthy community

Values:

Quality, Compassion and Teamwork

Jeff Davis Cares Powered by Jeff Davis Hospital (JDH)
Frequently Asked Questions
2019 Plan Year

Q1. I hear we have a narrow PPO network. 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 31st.

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 has a wellness plan. How does that work?

Answer:

- Employees and spouses enrolled in our health plan will need to schedule a wellness appointment with a JDH employed physician or clinic. The physical will include labs and will not be considered complete until labs are done. Your wellness exam will be paid at 100% with no member cost share.
- For any employees or spouses that require medication to manage their condition, JDH will waive their pharmacy copay for some medications related to that specific condition for a period of one year. This is a potential \$120 per year savings for each generic drug from the approved list.
- Participation in the Wellness Program is optional.

Q5. What will the health insurance cost?

Answer: JDH is continuing the two health plan options, Option A- Gold or Option E-Bronze. Both employees and Jeff Davis hospital will increase plan contributions by 5% in order to keep up with the expected increase in health plan costs in 2019.

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

Answer: Open enrollment will be for two weeks starting on October 15th and ending on October 31st. Additional instructions will be provided prior to October 15th. 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. 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.

Q10. 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.

Q11. When will medical ID cards be mailed?

Answer: Insurance cards are not routinely replaced and they are good from year to year. Only a change in status will produce a new id card or if Core is notified of a lost or damaged id card, in which we will then mail out a new one to the home address.

Q12. What is the web address to find plan documents and view my paid claims?

Answer: Go to www.corehealthbenefits.com and click the link to Corelink/Claims Login in the upper right-hand corner.

Q13. What is the first thing I need to do with my new ID card?

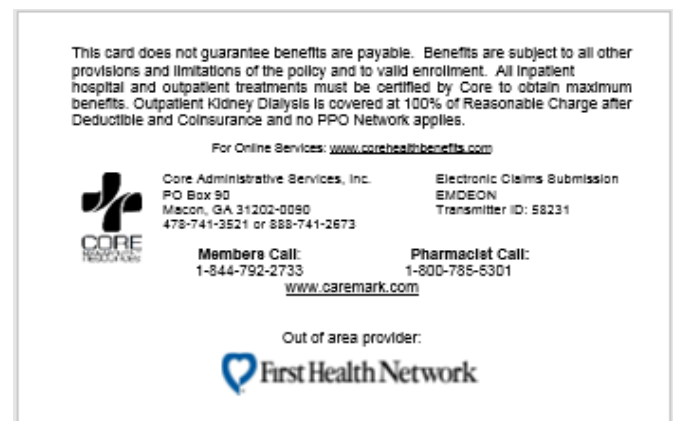
Answer: You must provide a copy of your new ID card to your doctor and pharmacy. Your new ID card will provide all of the necessary information needed for your providers to your file your claims and to verify your benefit coverage.

Q14. What will our id card look like?

Front of card:



Back of card:



Q15. 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 scheduling a service to make sure the service cannot be performed at the hospital, as this list is subject to change or update.

Q16. What are the pharmacy copays for this plan year?

Answer: JDH is continuing the two health plan options, Option A- Gold or Option E-Bronze. In order to keep up with the expected increase in health plan costs in 2019, the pharmacy co-pays have increased by \$5. Please see your schedule of benefits in this booklet for your new copays. You may also utilize the Caremark website at www.caremark.com. This website will allow you to look up helpful information as well as view your pharmacy history, manage automatic refills, request new prescriptions, connect to Caremark Specialty pharmacy and even check the cost and coverage of a drug before you have it filled at your pharmacy.

Q17. I see that the specialty drugs have a separate copay. What is the reason for this?

Answer: The cost and regimen of some prescriptions have become exceedingly complex and expensive. The drugs in this category can have an average monthly cost of \$1,500 to \$15,000. In order to manage these types of medications, JDH has established an exclusive Specialty Pharmacy Program. That means that drugs that fall into this category can only be obtained from the Caremark Specialty Facility. Your physician or pharmacy will notify you when you have a specialty medication and connect you by phone with a Caremark Specialty representative. Caremark will arrange for the delivery of your medication and collect your copayment. In order to manage the cost of medications, JDH is also implementing a new three-tier specialty formulary and associated copay structure. This copay structure will financially incentivize members to select the most therapeutically effective solution to meet their health care need.

PLAN A- GOLD

JEFF DAVIS HOSPITAL

Quick Reference Summary
\$1,750 80%/50% OV: \$35/\$55 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		
– Individual	\$1,750	\$3,500
– Family	\$3,500	\$7,000
Coinsurance	Plan pays 80% after deductible	Plan pays 50% after deductible
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum		
– Individual	\$3,500	Unlimited
– Family	\$7,000	Unlimited

- Compared to other “Gold Level” healthcare plans, a policyholder can expect Plan A to cover approximately 80% 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 \$3,500 per individual and \$7,000 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 maximum limits.
- 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:

Regional hospitals: JDH, Coffee Regional Medical Center & Memorial Health Partners. 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.

Covered Services	In-Network Benefit **** Member Pays ****	Out-of-Network Benefit **** Member Pays ****
Preventive Care and Services		
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%
Primary Care Physician (PCP) Services (Services performed AND billed in a physician's office)		
• Office Visit (including diagnostic x-rays and laboratory performed in physician's office)	\$35 Co-pay	Member pays deductible then 50%
• Specialist Office Visit (including diagnostic x-rays and laboratory performed in physician's office)	\$55 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%
Emergency Room Services		
• Life-threatening illness or serious accidental injury	Member pays deductible then \$225 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
Inpatient Hospital Services		
• 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 \$225 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%
Outpatient Services		
• 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%

<ul style="list-style-type: none">Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Outpatient Dialysis Treatment: (In-Network and Out of Network)-100% of the lesser of (i) the Usual, Customary, and Reasonable Outpatient Dialysis Charge as defined in "Outpatient Dialysis Treatment" Section in the Plan Document, (ii) the maximum allowable charge after all applicable deductibles and cost-sharing; and (iii) such charge as is negotiated between the Plan Administrator and the provider of Outpatient Dialysis Treatment.	Member pays deductible then 20% of Usual, Customary and Reasonable Charge	Member pays deductible then 50% of Usual and Customary Charge
Covered Services	In-Network Benefit	Out-of-Network Benefit
Therapy Services Calendar year maximums are combined between in-network and out-of-network		
<ul style="list-style-type: none">Speech therapy (25 visit limit annually)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">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%
<ul style="list-style-type: none">Pulmonary/Cardiac therapy	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Radiation therapy and chemotherapy	Member pays deductible then 20%	Member pays deductible then 50%
Mental Health / Substance Abuse (Services must be authorized by calling 1-888-741-2673)		
<ul style="list-style-type: none">Inpatient (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Inpatient Substance Abuse Detoxification (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Partial Hospitalization Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Intensive Outpatient Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Professional Outpatient Services	Member pays deductible then 20%	Member pays deductible then 50%
Other Services Calendar year maximums are combined between in-network and out-of-network		
<ul style="list-style-type: none">Urgent Care Center	\$75 Co-pay	\$75 copayment Member pays deductible then 50%
<ul style="list-style-type: none">Skilled Nursing Facility (30-day maximum cap)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Home Health Care (120-day calendar year maximum)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Hospice Care	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Ambulance (Ground)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Ambulance (Air)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">Durable Medical Equipment (DME)	Member pays deductible then 20%	Member pays deductible then 50%
<ul style="list-style-type: none">OrthoticsProsthetics	Member pays deductible then 20%	Member pays deductible then 50%
PRESCRIPTION CO-PAYS (The greater of the flat-dollar co-payment or coinsurance)	RETAIL PHARMACY (30-day supply only)	MAIL ORDER (60, 90-day supply)
Generic	\$10	\$25
Preferred	\$25 or 25%, whichever is greater. (\$100 Max)	\$50 or 25%, whichever is greater. (\$200 Max)
Non-Preferred	\$50 or 50%, whichever is greater. (\$300 Max)	\$100 or 50% whichever is greater. (\$600 Max)
Specialty Drug Co-pay		
Generic	\$50	NA
Preferred	20% (\$1,000 max)	NA
Non-Preferred	50% (\$1,500 max)	NA
EXCLUDED SERVICES AND PROCEDURES	<ul style="list-style-type: none">Genetic testing, Gastric bypass surgery, and Cosmetic proceduresAll non-FDA approved procedures and servicesServices that do not meet <i>Medical Necessity</i> designation	
<p>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.</p> <ul style="list-style-type: none">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 \$3,750 75%/50% OV: \$55/\$80 Rx: \$10/\$55/\$90 Point of Service (Open Access)		JEFF DAVIS HOSPITAL	
Schedule of Benefits			
Deductibles, Coinsurance and Maximums		In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible – Individual – Family		\$3,750 \$7,500	\$7,500 \$15,000
Coinsurance		Plan pays 75% after deductible	Plan pays 50% after deductible
Lifetime Maximum		Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum – Individual – Family		7,200 14,400	Unlimited Unlimited
<div>• 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.</div> <div>• 100% of co-pays, co-insurance, and out-of-pocket expenses are applied towards the individual and family deductibles.</div> <div>• Out of pocket expenses are capped at \$7,200 per individual and \$14,400 per family annually.</div> <div>• All out-of-network co-pays, co-insurance, and out-of-pocket expenses are applied towards the in-network maximum limits.</div> <div>• In-network out-of-pocket expenses are not applied toward the out-of-network, out-of-pocket limit.</div> <div>• 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.</div> <div>Primary network hospitals Regional hospitals: JDH, Coffee Regional Medical Center & Memorial Health Partners. 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.</div>			
Covered Services		In-Network Benefit ***** Member Pays *****	Out-of-Network Benefit ***** Member Pays *****
Preventive Care and Services 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%
Primary Care Physician (PCP) Services Services performed AND billed in a physician's office			
• Office Visit (including diagnostic x-rays and laboratory performed in physician's office)		\$55 Co-pay	Member pays deductible then 50%
• Specialist Office Visit (including diagnostic x-rays and laboratory performed in physician's office)		\$80 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%
Emergency Room Services			
• Life-threatening illness or serious accidental injury		Member pays deductible then \$225 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
Inpatient Hospital Services			
• 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 \$700 Co-pay per hospital admittance 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%
Outpatient Services			

<ul style="list-style-type: none">• Surgery facility / hospital charges	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Diagnostic X-ray and lab services	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Outpatient Dialysis Treatment: (In-Network and Out of Network)-100% of the lesser of (i) the Usual, Customary, and Reasonable Outpatient Dialysis Charge as defined in "Outpatient Dialysis Treatment" Section in the Plan Document, (ii) the maximum allowable charge after all applicable deductibles and cost-sharing; and (iii) such charge as is negotiated between the Plan Administrator and the provider of Outpatient Dialysis Treatment.	Member pays deductible then 25% of Usual, Customary and Reasonable Charge	Member pays deductible then 50% of Usual and Customary Charge
Covered Services	In-Network Benefit	Out-of-Network Benefit
Therapy Services Calendar year maximums are combined between in-network and out-of-network		
<ul style="list-style-type: none">• Speech therapy (25 visit limit annually)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• 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%
<ul style="list-style-type: none">• Pulmonary/Cardiac therapy	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Radiation therapy and chemotherapy	Member pays deductible then 25%	Member pays deductible then 50%
Mental Health / Substance Abuse (Services must be authorized by calling 1-888-741-2673)		
<ul style="list-style-type: none">• Inpatient (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Inpatient Substance Abuse Detoxification (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Partial Hospitalization Program (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Intensive Outpatient Program (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Professional Outpatient Services	Member pays deductible then 25%	Member pays deductible then 50%
Other Services (Calendar year maximums are combined between in-network and out-of-network)		
<ul style="list-style-type: none">• Urgent Care Center	\$75 Co-pay	\$75 copayment Member pays deductible then 50%
<ul style="list-style-type: none">• Skilled Nursing Facility (30-day calendar year maximum)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Home Health Care (120-day calendar year maximum)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Hospice Care	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Ambulance (Ground)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Ambulance (Air)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Durable Medical Equipment (DME)	Member pays deductible then 25%	Member pays deductible then 50%
<ul style="list-style-type: none">• Orthotics• Prosthetics	Member pays deductible then 25%	Member pays deductible then 50%
PRESCRIPTION CO-PAYS (The greater of the flat-dollar co-payment or coinsurance)	RETAIL PHARMACY (30-day supply only)	MAIL ORDER (60, 90-day supply)
Generic	\$10	\$20
Preferred	\$55 or 25%, whichever is greater. (\$150 max)	\$110 or 25% whichever is greater. (\$300 max)
Non-Preferred	\$90 or 50%, whichever is greater. (\$350 max)	\$180 or 50% whichever is greater. (\$300 max)
SPECIALTY DRUG CO-PAYS		
Generic	10% (\$100 max)	NA
Preferred Brands	30% (\$1,000 max)	NA
Non-Preferred Brands	50% (\$1,500 max)	NA
EXCLUDED SERVICES AND PROCEDURES	<ul style="list-style-type: none">• Genetic testing, Gastric bypass surgery, and Cosmetic procedures• All non-FDA approved procedures and services• Services that do not meet <i>Medical Necessity</i> designation	
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. <ul style="list-style-type: none">• 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.		

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 - Memorial Health Partners (MHP)

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

Pharmacy Helpdesk (Rx)

www.caremark.com

Rx Member Services: 1-866-736-2674

Pharmacy Help Line: 1-800-785-5301

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

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

515 Mulberry Street, Suite 300, Macon, GA 31201 • Phone: 478.741.3521 • Fax: 478.745.1843
www.corehealthbenefits.com