Jeff Davis Hospital
Employee Health Plan

Your Benefits

For **2020**

Hazlehurst, Georgia

Are you ready to make your Open Enrollment benefit decisions for 2020?

As you carefully consider the medical options available to you before making your Open Enrollment elections for 2020, 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 14th and Friday November 1st, 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 continuing to offer exceptional and affordable benefits. Your Health and Welfare benefits for 2020 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, 2020. 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.

2020 Benefit Choices

Medical Plan Choices

Premiums – Per Pay Period

Coverage	Plan A – Gold (1,750 Deductible)	Plan E – Bronze (3,750 Deductible)
Employee	$114	$66
Employee & Spouse	$240	$171
Employee & Child(ren)	$195	$139
Employee & Family	$321	$229
Nicotine/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

FLEXIBLE SPENDING ACCOUNT (FSA)

There are two types of Flexible Spending Accounts (FSA's) available to you: Healthcare and Dependent care. Both Accounts allow you to pay for out-of-pocket costs with pre-tax dollars, saving you money.

Plan Year

January 1, 2020 through December 31, 2020

Eligibility Requirements

You are eligible to participate on the first day of the month once you have completed 30 days of services, have attained age 18 and work at least 30 hours per week. Enrollment for the FSAs must be completed each year during open enrollment period, or you will not be able to join until the next open enrollment plan year.

Healthcare Flexible Spending Account*

The healthcare spending account enables you to pay eligible out-of-pocket health care expenses with pre-tax dollars saving you 30% or more because you do not pay taxes on this money. You can contribute up to $2,700 a year into a healthcare flexible spending account. Eligible health care FSA expenses include deductibles, copays, coinsurance, prescription drugs, over the counter drugs (prescription required), dental and vision expenses.

Dependent Care Flexible Spending Account*

The dependent care spending account enables you to pay for certain child and dependent care expenses using before-tax dollars.

Contribution Limits

- $5,000 ($2,500 if married filing separately)
- Your wages for the year or your spouse's if less
- Maximum is reduced by spouse's contribution to a Dependent Care FSA

Eligible dependent care expenses include day care/after-school program fees for children under the age of 13 and certain adult day care expenses for a spouse or a relative who is physically or mentally incapable of self-care and lives in your home.

Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid without the need to pay first and then file the claim. You must use all of the funds in your account by the end of the plan year or the funds are forfeited. However, a recent IRS ruling now allows **Healthcare FSA** plan members to roll over up to $500 of unused funds for use in the following year. The $500 roll over option does not apply to the **Dependent Care FSA**. Your full annual contribution of your **Healthcare FSA** is available to you once your benefits are effective. For the **Dependent Care FSA**, the funds must be in your account to be available for reimbursement. IRS regulations require appropriate documentation to ensure your claims are valid expenses. For most DCA purchases you will need to provide a copy of your itemized receipt. Also, on occasion you will be asked to provide a copy of your itemized receipt as documentation for a debit card purchase.

See Internal Revenue Service Publication 502 at https://www.irs.gov/pub/irs-pdf/p502.pdf for a complete list of eligible expenses.

Jeff Davis Cares Powered by Jeff Davis Hospital (JDH)

Frequently Asked Questions
2020 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 November 1st.

Q3. Is there a fee for nicotine and tobacco usage?

Answer: Jeff Davis Hospital maintains a nicotine/tobacco-free campus. In order to support their employees and promote an atmosphere of wellness, we will be continuing the $80 monthly nicotine/tobacco surcharge. If you enroll in one of the medical plans, you must complete the *Nicotine/Tobacco Use Affidavit* to indicate the use, or non-use, of nicotine and 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. 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 14th and ending on November 1st. 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.

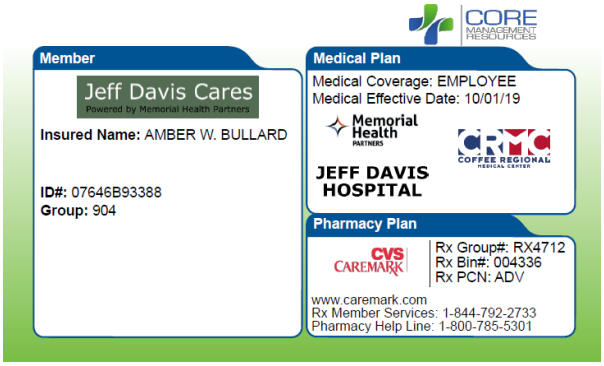
Q11. When will medical ID cards be mailed?
Answer: Insurance cards are not routinely replaced and they are good from year to year. Only a change in status will produce a new id card or if Core is notified of a lost or damaged id card, in which we will then mail out a new one to the home address.

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.

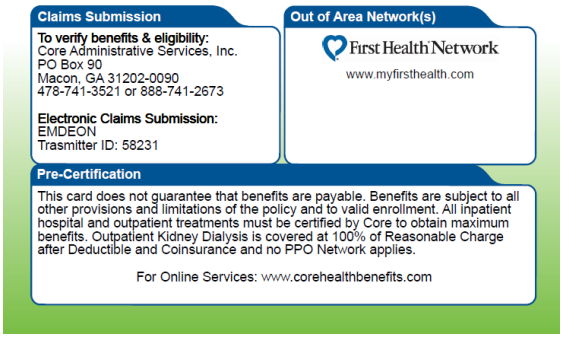
Q13. What is the first thing I need to do with my new ID card?
Answer: You must provide a copy of your new ID card to your doctor and pharmacy. Your new ID card will provide all of the necessary information needed for your providers to your file your claims and to verify your benefit coverage.

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
-Bone Density Scanning (DXA)

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

- Esophagogastroduodenoscopy (EGD)
- Electrocardiogram (EKG)
- Mammogram
-3D Mammography
- 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.

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. Your Pharmacy copays will remain the same for the 2020 plan year. 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. What are the procedures that are required by Core to obtain a pre-certification:

- Biopsy, radiation therapy, chemotherapy, transplant, and dialysis
- *Bone Density Study – if part of complete physical exam*
- Bronchoscopy
- Cat Scan (CT)
- Colonoscopy (Lower GI)
- *Colposcopy*
- DME over $500

- Echocardiogram
- Electroencephalogram (EEG)
- Genetic Testing
- HIDA Scan
- MRI
- Observation Stay
- Outpatient surgery (unless listed below)
- Sleep Studies
- Nerve Conduction Studies
- *Electromyogram (EMG)*
- *Heart Catheterization – If elective or if admitted*
- Inpatient stay
- Nuclear Scan
- Orthognathic/TMJ
- PET Scan
- *Therapies: pulmonary rehabilitation and speech therapy*

The following items **do not** require pre-certification:

- Cardiac Stress Test
- Cataract Surgery
- *Esophagogastroduodenoscopy (EGD) [Upper GI]*
- Electrocardiogram (EKG)
- Mammogram
- Pap Smear
- Ultrasound
- 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:

- Blepharoplasty
- Breast reduction or mammoplasty
- Dermotolipectomy
- *Diastasis recti repair (tummy tuck)*
- Hernia repairs, all except inguinal
- *Incision of the maxilla or mandible*
- Keloid removal
- Mastectomy for gynecomastia
- Mentoplasty
- Otoplasty
- Panniculectomy
- Penile Implant
- Rhinoplasty
- Sclerotherapy
- *Uvulopalatopharyngoplasty (UPPP)*

PLAN A- GOLD

Quick Reference Summary
$1,750 80%/50% OV: $35/$55 Rx: $10/$25/$50
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	 $1,750 $3,500	 $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 – Family	 $3,500 $7,000	 Unlimited 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 per inpatient hospital admittance & 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%

• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%
• 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		
• 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%
Mental Health / Substance Abuse (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%
Other Services 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 • Prosthetics	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	• Genetic testing, Gastric bypass surgery, and Cosmetic procedures • All non-FDA approved procedures and services • Services that do not meet *Medical Necessity* 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.

- **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

- **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 $7,200 per individual and $14,400 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

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)	$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		

• 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%
• 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**		
• 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%
• 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)		
• Inpatient (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
• Inpatient Substance Abuse Detoxification (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
• Partial Hospitalization Program (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
• Intensive Outpatient Program (facility and physician fee)	Member pays deductible then 25%	Member pays deductible then 50%
• 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)		
• Urgent Care Center	$75 Co-pay	$75 copayment Member pays deductible then 50%
• Skilled Nursing Facility (30-day calendar year maximum)	Member pays deductible then 25%	Member pays deductible then 50%
• Home Health Care (120-day calendar year maximum)	Member pays deductible then 25%	Member pays deductible then 50%
• Hospice Care	Member pays deductible then 25%	Member pays deductible then 50%
• Ambulance (Ground)	Member pays deductible then 25%	Member pays deductible then 50%
• Ambulance (Air)	Member pays deductible then 25%	Member pays deductible then 50%
• Durable Medical Equipment (DME)	Member pays deductible then 25%	Member pays deductible then 50%
• 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	• Genetic testing, Gastric bypass surgery, and Cosmetic procedures • All non-FDA approved procedures and services • Services that do not meet *Medical Necessity* designation	

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- **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 & FSA)
Member Services
Medical Claims Website: www.corehealthbenefits.com
FSA Website: https://coremgmt.wealthcareportal.com/Page/Home
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.cm
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