

MEDICAL COVERAGE SUMMARY

Medical Plan Designs and Premiums

Benefit Year: January 1, 2020 through December 31, 2020

Benefits	Gold: 100500G		Silver: 100500S		Bronze: 100500B	
	In	Out	In	Out	In	Out
Deductible (all charges are subject deductibles)						
Annual/Person	\$2,000		\$3,500		\$5,000	
Annual/Family	\$4,000		\$7,000		\$10,000	
Deductibles (other)						
+ Per Admission - MH	\$250	\$2,000	\$250	\$2,000	\$250	\$2,000
+ Per Admission - Memorial/MCNH ¹²	\$750	\$2,000	\$750	\$2,000	\$750	\$2,000
+ Emergency Room ³	\$250		\$250		\$250	
Out-of-Pocket Maximum (OOP)⁴						
Annual/Person	\$5,500	No Limit	\$6,000	No Limit	\$6,500	No Limit
Annual/Family	\$11,000	No Limit	\$12,000	No Limit	\$13,000	No Limit
Coinsurance (Plan Pays)						
MH Facility	80%	50%	80%	50%	80%	50%
MH Doctors	80%	50%	80%	50%	80%	50%
MHP Providers	80%	50%	80%	50%	80%	50%
Diagnostic X-Ray & Lab ⁵	80%	60%	80%	60%	80%	60%
Medical (Other)						
Urgent Care	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
PCP Visit	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
Specialist Visit	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
Preventative Care	100%	Coins. after deduct.	100%	Coins. after deduct.	100%	Coins. after deduct.

Pre-Certification is required for all scheduled inpatient, outpatient hospital treatment and all services performed in a Specialized Treatment Facility before services are rendered. Failure to obtain Pre-Certification will result in denial of claim benefits. Benefits will not be covered for the following excluded facilities: The Doctors Hospital of Tattnell and Women's Surgery Center in Statesboro.

MEADOWS HEALTH PPO EMPLOYEE HEALTHCARE PLAN PHARMACY BENEFIT

Medical Benefit Year: January 1 – December 31st

PRESCRIPTION COPAYS FOR ALL THREE PLAN OPTIONS: Gold, Bronze or Silver

	MH PHARMACY (30, 60 OR 90-day supply)	RETAIL PHARMACY (30-day supply only)	MAIL ORDER (60 OR 90-day supply)
TIER 1 - GENERIC	\$5.00	\$10.00	\$20.00
TIER 2 - FORMULARY BRAND (GREATER OF)	\$10.00 OR 25%	\$20.00 OR 25%	\$40.00 OR 25%
TIER 3 - NON-FORMULARY BRAND (GREATER OF)	\$20.00 OR 50%	\$30.00 OR 50%	\$60.00 OR 50%

¹ \$250 deductible if services are not available at MH

² Navicent Health (MCNH) formerly known as Medical Center of Central Georgia

³ Waived if admitted

⁴ Includes deductible, coinsurance and copayments for Medical and Prescription benefits

⁵ Coinsurance for these services will be 60% when not performed at MH

TIER 4 – BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay 50% copay with a maximum copayment of \$100.		
TIER 5 – CONTRACEPTIVES	This plan has a zero copayment for all FDA approved contraceptives. However, if the contraceptive has a generic equivalent, only the generic equivalent will have the zero copayment.		
SPECIAL RULES FOR CHOLESTEROL LOWERING DRUGS (STATINS), HYPERTENSIVE, DIABETIC AND DIABETIC SUPPLIES			
TIER 1 – GENERIC	\$0.00	SEE ABOVE	SEE ABOVE
TIER 2 – FORMULARY BRAND (GREATER OF)	\$10 OR 25% with Max Copay of \$25	SEE ABOVE	SEE ABOVE
TIER 3 – NON-FORMULARY BRAND (GREATER OF)	\$20 OR 50% with Max Copay of \$50	SEE ABOVE	SEE ABOVE
TIER 4 – BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay 50% copay with a maximum copayment of \$100		
NARRATIVE	Only generic drugs in these three therapeutic drug classes, when purchased at the MH Pharmacy are available without a member co-payment. If the brand name drug has no generic equivalence, the brand name copayment will be capped at \$25.00 or \$50.00 (formulary/non-formulary.) No brand name hypertensive or Diabetic drugs are available without a member copayment unless that member’s annual prescription out-of-pocket maximum has been satisfied for their plan (see Page 4 for prescription copay limit: gold, silver or bronze.)		