

Effective 1/1/2018

	Southcoast Hospitals & Physicians Network Tier 1	Preferred Providers Tier 2	Non-Preferred and Out-of-Network Providers* Tier 3	Steward Facilities
Calendar Year (CY) Deductible (ded)				
Individual	None	\$1,500	\$3,000	N/A
Employee +1	None	\$2,500	\$6,000	N/A
Family	None	\$2,500	\$6,000	N/A
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$2,250	\$3,400	\$5,150	N/A
Employee +1	\$4,500	\$6,800	\$10,300	N/A
Family	\$4,500	\$6,800	\$10,300	N/A
Preventive Care				
Routine pediatric care/Well visits	100%	\$25 copay	60% after ded.	N/A
Routine adult exams and tests/Well visits	100%	\$35 copay	60% after ded.	N/A
Routine immunizations	100%	\$35 copay	60% after ded.	N/A
PSA (prostate screening)	100%	\$35 copay	60% after ded.	N/A
Routine OB/GYN care	100%	\$35 copay	60% after ded.	N/A
Mammogram	100%	\$35 copay	60% after ded.	N/A
Other Outpatient Care**				
Pediatric Office visits (diagnostic exam/services)	\$20 copay	\$30 copay	60% after ded.	N/A
PCP Office visits (diagnostic exam/services)	\$20 copay	\$40 copay	60% after ded.	N/A
Maternity care	100%	\$40 copay	60% after ded.	N/A
Specialist Office visits (diagnostic exam/services)***	\$30 copay	\$50 copay	60% after ded.	N/A
Chiropractic Care	\$30 copay	\$50 copay	60% after ded.	N/A
Vision exam	\$35 copay	\$35 copay	\$35 copay	N/A
Physical & Occupational Therapy (100 visits per CY)	\$20 copay	\$40 copay	60% after ded.	Not covered
Speech, Hearing and Language Disorder Treatment	\$20 copay	\$40 copay	60% after ded.	Not covered
Urgent Care/Walk in Clinic	\$20 copay	\$40 copay	60% after ded.	Not covered
Lab, X-ray & other diagnostic tests	100%	90% after ded.	60% after ded.	Not covered
High Tech Imaging – CT scan, MRI, PET	100%	90% after ded.	60% after ded.	Not covered
Colonoscopy	100%	90% after ded.	60% after ded.	Not covered
Surgery and anesthesia in outpatient hospital department/outpatient surgical center	100%	90% after ded.	60% after ded.	Not covered
Hospital Care				
**Semi-private room and board including physician in-hospital care, surgery, delivery, anesthesia	100%	100% after ded.	60% after ded.	Not covered
Emergency Room Visit (includes all related charges) (copay waived if admitted)	\$150 copay	\$150 copay	\$150 copay no ded.	\$150 copay no ded.
Inpatient admission directly from Emergency Room	100%	100% after ded.	100% after tier 2 ded.	Not covered
**Skilled Nursing Facility (up to 100 inpatient days per member per CY)				
	N/A	100% after ded.	60% after ded.	Not covered
**Physical Rehabilitation Facility (up to 60 inpatient days per member per CY)				
	100%	100% after ded.	60% after ded.	Not covered
Other Services				
Ambulance (medically necessary transport only)	100%	100% no ded.	100% no ded.	100% no ded.
Durable Medical Equipment & related supplies	N/A	80% no ded.	60% after ded.	Not covered
**Home Health Care	100%	100% no ded.	60% after ded.	Not covered
Mental Health and Substance Abuse				
Outpatient Services	\$20 copay	\$20 copay	\$20 copay no ded.	N/A
**Inpatient Services	100%	100% no ded.	100% no ded.	Not covered
Fitness Reimbursement Benefit	up to \$150 per year per family (see www.southcoasthealthplan.org for details)			

Unlimited Lifetime Maximum

MedImpact Prescription Drug Benefit - Calendar Year Prescription Out-of-Pocket Maximum is \$2,000 per person; \$4,000 per employee +1/family. If you elect to participate in medical coverage, you are automatically enrolled in the prescription drug program. Upon initial enrollment you will receive one combined medical and prescription ID card. All maintenance prescriptions are allowed a maximum of two (2) 30 day supplies at any network pharmacy. All subsequent 30 day supplies must be filled at Southcoast Pharmacy. 90 day supplies of maintenance medications may be filled at Southcoast Pharmacy (for the lowest cost), PPS Home Delivery (mail order pharmacy) or any other network pharmacy. (Prescriptions filled at the Health Care Pharmacy at Truesdale, and controlled substances are exempt from this requirement.) *Generic Note: Some generics are available at a lower cost at Southcoast Pharmacies.

Retail	Southcoast	Retail Network	Pharmacy Networks :
Generic	\$9.00	\$12.00	<u>Southcoast:</u> Southcoast Pharmacies include Charlton, St. Luke's, Fairhaven, and Southcoast Specialty.
Preferred Brand	\$30.00	\$50.00	
Non-preferred Brand	\$75.00	\$100.00	
Mail and 90 Day	Southcoast	Postal Prescription Services (PPS)	<u>Retail Network:</u> MedImpact's pharmacy network includes more than 67,000 participating pharmacies, including CVS, Wal-Mart, Walgreens, Rite-Aid, Target, Stop & Shop and Northeast Pharmacy Services Corp.
Generic	\$22.50	\$30.00	
Preferred Brand	\$75.00	\$125.00	
Non-preferred Brand	\$187.50	\$250.00	
Specialty	Southcoast	US Bioservices	
Generic	\$50.00	\$275.00	
Preferred Brand	\$100.00	\$275.00	
Non-preferred Brand	\$250.00	\$275.00	

* Out-of-network charges are paid according to allowed amount charges.
 ** Inpatient hospitalizations and certain outpatient procedures require pre-certification. Failure to pre-certify will result in a \$250 penalty. Visit www.southcoasthealthplan.org for the current list of services requiring pre-certification.
 *** Orthopedic Care Management Program: If scheduled for an orthopedic procedure (inpatient or outpatient) at a non-Southcoast provider, members are required to have a consult with a Southcoast Orthopedic specialist prior to having the procedure. There is a financial penalty of \$500 when a member does not follow this process. Please contact Conifer Health Solutions at (800) 459-2110 for further details.

- NOTES –**
- This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations and exclusions. Please refer to your Plan Document and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern.
 - Once the calendar year out-of-pocket maximum has been met, claims will be paid at 100% by the Plan.
 - The calendar year out-of-pocket maximum includes Emergency Room and Office visit copays, deductible, medical copays and coinsurance. Prescription drug copays accumulate towards a separate per member calendar year out-of-pocket maximum.
 - Covered diagnostic/high-tech imaging tests furnished by Shields MRI of New Bedford and/or Shields MRI of Dartmouth will be paid at the Tier 1 benefit level.
 - If you or your providers have questions, contact the Plan between 8:00AM and 5:00PM at 877-234-5550 or visit www.southcoasthealthplan.org

Hospital Tiering Effective 1/1/2018

Tier 1 Hospitals: Southcoast Health System - Lowest member out-of-pocket costs

Charlton Memorial Hospital (MA)	St. Luke's Hospital (MA)	Tobey Hospital (MA)	Boston Children's Hospital (MA)
Southcoast Behavioral Health (MA)			

Tier 2 Hospitals: Harvard Pilgrim and other preferred provider networks - Moderate member out-of-pocket costs

Addison Gilbert Hospital (MA)	Dana-Farber Cancer Institute (MA)	Mary Hitchcock Memorial Hospital (NH)	Rehabilitation Hospital of Rhode Island (RI)
Alice Peck Day Memorial Hospital (NH)	Elliot Hospital (NH)	Mary Lane Hospital (MA)	Rhode Island Hospital (RI)
Anna Jaques Hospital (MA)	Emerson Hospital (MA)	Massachusetts Eye And Ear Infirmary (MA)	Roger Williams Medical Center (RI)
Athol Memorial Hospital (MA)	Exeter Hospital (NH)	Melrose Wakefield Hospital (MA)	Saint Joseph Health Services (RI)
Baystate Medical Center (MA)	Falmouth Hospital (MA)	Memorial Hospital (RI)	Saint Vincent Hospital (MA)
Beth Israel Deaconess Hospital (MA)	Franklin Regional Hospital (NH)	Mercy Medical Center (MA)	Saints Medical Center (MA)
Beth Israel Needham Campus (MA)	Frisbie Memorial Hospital (NH)	MetroWest Medical Center (MA)	Somerville Hospital (MA)
Beth Israel Plymouth Campus (MA)	Harrington Memorial (MA)	Milford Regional Hospital (MA)	Southern New Hampshire Medical Center (NH)
Beverly Hospital (MA)	Hasbro Children's Hospital (RI)	Milton Hospital (MA)	South County Hospital (RI)
Boston Medical Center (MA)	HealthAlliance Burbank Hospital (MA)	Miriam Hospital (RI)	Spere Memorial Hospital (NH)
Bradley Hospital (RI)	Heywood Hospital (MA)	Monadnock Community Hospital (NH)	St. Joseph Hospital (NH)
Brockton Hospital (MA)	Holyoke Hospital Inc. (MA)	Mt. Auburn Hospital (MA)	Tufts Medical Center (MA)
Butler Hospital (RI)	Huggins Hospital (NH)	New England Baptist Hospital (MA)	The Westerly Hospital (RI)
Cambridge Hospital (MA)	Kent Hospital (RI)	New London Hospital (NH)	Wentworth-Douglass Hospital (NH)
Cape Cod Hospital (MA)	Lahey Medical Center (MA)	Newport Hospital (RI)	Whidden Memorial Hospital (MA)
Catholic Medical Center (NH)	Lakes Regional General Hospital (NH)	Newton Wellesley Hospital (MA)	Winchester Hospital (MA)
Cheshire Medical Center (NH)	Landmark Medical Center (RI)	Noble Hospital (MA)	Wing Memorial (MA)
Clinton Hospital/UMASS Health System (MA)	Lawrence General Hospital (MA)	North Adams Regional Hospital (MA)	Women & Infants Hospital (RI)
Concord Hospital (NH)	Lawrence Memorial Hospital (MA)	North Shore Medical (Salem or Union) (MA)	
Cottage Hospital (NH)	Lowell General Hospital (MA)	Parkland Medical Center (NH)	
	Marlborough Hospital (MA)		

Tier 3 Hospitals: All other non-preferred and out-of-network hospitals - Highest member out-of-pocket costs

Androscoggin Valley Hospital (NH)	Fairview Hospital (MA)	Memorial Hospital (NH)	UMass Memorial Medical Center (MA)
Berkshire Medical Center (MA)	Faulkner Hospital (MA)	Nantucket Cottage Hospital (MA)	Upper CT Valley Hospital (NH)
Brigham & Women's Hospital (MA)	Franklin Medical Center (MA)	Portsmouth Regional Hospital (NH)	Valley Regional Hospital (NH)
Cooley Dickinson Hospital (MA)	Littleton Regional Hospital (NH)	Providence VA Medical Center (RI)	Weeks Medical Center (NH)
Duncan Lodge (RI)	Martha's Vineyard Hospital (MA)	South Shore Hospital (MA)	
Eleanor Slater Hospital (RI)	Massachusetts General Hospital (MA)	Sturdy Memorial Hospital (MA)	

Non-Covered Hospitals

Carney Hospital (MA)	Merrimack Valley Hospital (MA)	New England Sinai (MA)	St. Anne's Hospital (MA)
Good Samaritan Hospital (MA)	Morton Hospital (MA)	Norwood Hospital (MA)	St. Elizabeth's Hospital (MA)
Holy Family Hospital (MA)	Nashoba Valley Medical Center (MA)	Quincy Medical Center (MA)	

Note: The plan's tiering structure uses quality and cost-efficiency measures to tier providers and takes into consideration the local marketplace and service needs of Southcoast employees and their family. A hospital's tier may change annually on January 1st.

Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-532-7575 (TTY: 711).

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-800-532-7575 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-800-532-7575 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-800-532-7575 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-532-7575 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-800-532-7575 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-532-7575 (телетайп: 711).

العربية (Arabic)

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 800-532-7575 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-800-532-7575 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-532-7575 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-532-7575 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-532-7575 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-800-532-7575 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-532-7575 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-800-532-7575 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-800-532-7575 (TTY: 711)

Notice about Nondiscrimination and Accessibility

Your employer complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Your employer does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Your employer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact your employer's Civil Rights Compliance Officer or call 800-532-7575.

If you believe that your employer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance. For contact information for your employer's Grievance Coordinator, please go to <https://www.healthplansinc.com/>, click on [Log in to My Plan](#), then click on the link to Important Non-Discrimination Information. If you have no internet access, you may call 800-532-7575 for help. You can file a grievance with your employer in person or by mail, fax or email. If you need help filing a grievance, the Grievance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.