

Effective 1/1/2019

	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%	80% after ded.	60% after ded.	Not covered
High Tech Imaging – CT scan, MRI, PET	100%	80% after ded.	60% after ded.	Not covered
Colonoscopy	100%	80% after ded.	60% after ded.	Not covered
Surgery and anesthesia in outpatient hospital department/outpatient surgical center	100%	80% 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
Telemedicine	\$10 copay	N/A	N/A	N/A
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				

Caremark 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. 90 day supplies of maintenance medications may be filled at Southcoast Pharmacy (for the lowest cost), CVS Caremark Mail Order Service or any other network pharmacy. *Generic Note: Some generics are available at a lower cost at Southcoast Pharmacies.

Retail	Southcoast	Retail Network	Benefit Notes:
Generic	\$10.00	\$15.00	*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.
Preferred Brand	\$30.00	\$50.00	
Non-preferred Brand	\$75.00	\$100.00	
Mail and 90 Day	Southcoast	CVS Caremark Mail Order Service	***Health Management Programs: For services related to Oncology or Orthopedic care management, Southcoast has a care management program in place that requires a member to have a consult with a Southcoast specialist prior to beginning treatment. 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.
Generic	\$25.00	\$37.50	
Preferred Brand	\$75.00	\$125.00	
Non-preferred Brand	\$187.50	\$250.00	
Specialty	Southcoast	CVS Specialty Pharmacy	
Generic	\$50.00	\$275.00	
Preferred Brand	\$100.00	\$275.00	
Non-preferred Brand	\$250.00	\$275.00	

- 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 1/1/2019

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)	Speare 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 London Hospital (NH)	The Westerly Hospital (RI)
Cambridge Hospital (MA)	Kent Hospital (RI)	Newport Hospital (RI)	Wentworth-Douglass Hospital (NH)
Cape Cod Hospital (MA)	Lahey Medical Center (MA)	Newton Wellesley Hospital (MA)	Whidden Memorial Hospital (MA)
Catholic Medical Center (NH)	Lakes Regional General Hospital (NH)	Noble Hospital (MA)	Winchester Hospital (MA)
Cheshire Medical Center (NH)	Landmark Medical Center (RI)	North Adams Regional Hospital (MA)	Wing Memorial (MA)
Clinton Hospital/UMASS Health System (MA)	Lawrence General Hospital (MA)	North Shore Medical (Salem or Union) (MA)	Women & Infants Hospital (RI)
Concord Hospital (NH)	Lawrence Memorial Hospital (MA)	Parkland Medical Center (NH)	
Cottage Hospital (NH)	Lowell General Hospital (MA)		
	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)	Sturdy Memorial Hospital (MA)
Berkshire Medical Center (MA)	Faulkner Hospital (MA)	Nantucket Cottage Hospital (MA)	UMass Memorial Medical Center (MA)
Brigham & Women's Hospital (MA)	Franklin Medical Center (MA)	New England Baptist Hospital (MA)	Upper CT Valley Hospital (NH)
Cooley Dickinson Hospital (MA)	Littleton Regional Hospital (NH)	Portsmouth Regional Hospital (NH)	Valley Regional Hospital (NH)
Duncan Lodge (RI)	Martha's Vineyard Hospital (MA)	Providence VA Medical Center (RI)	Weeks Medical Center (NH)
Eleanor Slater Hospital (RI)	Massachusetts General Hospital (MA)	South Shore 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.