



# Health Plan

## Plan Overview

The Southcoast Health Plan is a self-insured plan with no waiting periods for benefits or pre-existing condition exclusions. To offer the highest level of benefits and control costs, Southcoast uses a 3-tier plan design with three distinct levels of coverage for our members (refer to your Summary of Benefits). All members have access to both in-network and out-of-network providers. Members who utilize Southcoast hospitals/facilities and/or Southcoast Physicians Network providers are rewarded with lower out-of-pocket costs. You are required to elect a Primary Care Physician (PCP) for yourself and your covered dependents to manage your care; however, referrals to specialists are not required.

## Southcoast Health Plan Highlights

- Broad access to quality health care at an affordable price
- Medical and prescription drug benefits
- Health management programs to help maintain and improve the health of employees and their families.

## Hospital and Provider Tiering

The Southcoast Health Plan is single plan with three tiers of coverage (refer to the Summary of Benefits for more details).

The Southcoast Health Plan - Tier Descriptions:	
The highest level of benefits at the lowest cost when using Southcoast hospitals and Southcoast Physicians Network providers. Members pay less for physician office visits and will not have copayments for lab tests, x-rays and other diagnostic tests.	<b>TIER 1</b>
Comprehensive coverage with moderate out-of-pocket costs when using preferred Harvard Pilgrim, First Health, or PHCS Healthy Directions hospitals and provider networks.	<b>TIER 2</b>
Higher deductibles and coinsurance will apply when you use non-preferred and out-of-network providers.	<b>TIER 3</b>

**To find a participating provider and their tier designation:**

- Go to [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org)
- Contact customer service at **877-234-5550**

## Precertification Requirements

Authorization is required before all inpatient admissions and certain outpatient medical procedures are performed. Refer to the Plan website ([www.southcoasthealthplan.org](http://www.southcoasthealthplan.org)) to review the list of services that require pre-certification. To pre-certify, call **877-234-5550** and select option 2, or verify that your physician's office has pre-certified the service and has received a confirmation number.

If you call to pre-certify services as required, you will receive benefits in keeping with plan provisions. Otherwise, your benefits may be reduced by \$250 for each service that was not pre-certified. This benefit reduction also applies to certain same-day surgical and professional services rendered during an inpatient admission. If the admission or procedure is not medically necessary, no benefits will be paid.

## Health Plan

Effective 1/1/2013

	Southcoast Hospitals & Physicians Network Tier 1	Preferred Providers Tier 2	Non-Preferred and Out-of-Network Providers* Tier 3
<b>Calendar Year (CY) Deductible (ded)</b>			
Individual	None	\$500	\$1,000
Employee +1	None	\$1,000	\$2,000
Family	None	\$1,000	\$2,000
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>			
Individual	Combined with Tier 2	\$2,000	\$2,500
Employee +1	Combined with Tier 2	\$4,000	\$5,000
Family	Combined with Tier 2	\$4,000	\$5,000
<b>Preventive Care</b>			
Routine pediatric care/Well visits	100% coverage	\$15 copay	70% coverage after ded
Routine adult exams and tests/Well visits	100% coverage	\$25 copay	70% coverage after ded
Routine immunizations	100% coverage	\$25 copay	70% coverage after ded
PSA (prostate screening)	100% coverage	\$25 copay	70% coverage after ded
Routine OB/GYN care	100% coverage	\$25 copay	70% coverage after ded
Mammogram	100% coverage	\$25 copay	70% coverage after ded
<b>Other Outpatient Care**</b>			
Pediatric Office visits (diagnostic exam/services)	\$15 copay	\$20 copay	70% coverage after ded
PCP Office visits (diagnostic exam/services)	\$15 copay	\$30 copay	70% coverage after ded
Maternity care	\$15 copay	\$30 copay	70% coverage after ded
Specialist Office visits (diagnostic exam/services)	\$25 copay	\$40 copay	70% coverage after ded
Chiropractic Care	N/A	\$40 copay	70% coverage after ded
Vision exam	\$30 copay	\$30 copay	70% coverage after ded
Physical Therapy & Occupational Therapy (100 visits per CY)	\$15 copay	\$30 copay	70% coverage after ded
Speech, Hearing and Language Disorder Treatment	\$15 copay	\$30 copay	70% coverage after ded
Lab, X-ray & other diagnostic tests	100% coverage	100% coverage after ded	70% coverage after ded
High Tech Imaging – CT scan, MRI, PET	100% coverage	100% coverage after ded	70% coverage after ded
Colonoscopy	100% coverage	100% coverage after ded	70% coverage after ded
Surgery and anesthesia in hospital outpatient department/ outpatient surgical center	100% coverage	100% coverage after ded	70% coverage after ded
<b>Hospital Care</b>			
**Semi-private room and board including physician in-hospital care, surgery, delivery, anesthesia	100% coverage	100% coverage after ded	70% coverage after ded
Emergency Room Visit (includes all related charges) (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay (no deductible)
Inpatient admission directly from Emergency Room	100% coverage	100% coverage after ded	100% coverage after tier 2 ded
<b>**Skilled Nursing Facility</b> (up to 100 inpatient days per member per CY)			
	N/A	100% coverage after ded	70% coverage after ded
<b>**Physical Rehabilitation Facility</b> (up to 60 inpatient days per member per CY)			
	100% coverage	100% coverage after ded	70% coverage after ded
<b>Other Services</b>			
Ambulance (medically necessary transport only)	100% coverage	100% coverage no ded	100% coverage no ded
Durable Medical Equipment & related supplies	N/A	80% coverage no ded	70% coverage after ded
**Home Health Care	100% coverage	100% coverage no ded	70% coverage after ded
<b>Mental Health and Substance Abuse</b>			
<b>Outpatient Services</b>			
Mental Health	\$15 copay	\$15 copay	\$15 copay no deductible
Substance Abuse visits	\$15 copay	\$15 copay	\$15 copay no deductible
<b>**Inpatient Services</b>			
Mental Health	100% coverage	100% coverage no ded	100% coverage no ded
Substance Abuse (medically necessary detoxification and rehabilitation)	100% coverage	100% coverage no ded	100% coverage no ded
<b>Fitness Reimbursement Benefit</b>			
	up to \$150 per year per family (see <a href="http://www.southcoasthealthplan.org">www.southcoasthealthplan.org</a> for details)		
	<b>Unlimited Lifetime Maximum</b>		

**Prescription Drug Benefit**

Calendar Year Prescription Out-of-Pocket Maximum is \$2,000 per person.

Retail Pharmacy Network\*\*\* – Up to a 30-day supply

Copay Type	Coinsurance	Minimum	Maximum
Generic	20%	\$10.00	\$20.00
Formulary	20%	\$25.00	\$40.00
Non-Formulary	20%	\$40.00	\$60.00
Preferred Specialty	20%	\$25.00	\$100.00
Non Preferred Specialty	20%	\$40.00	\$250.00

Mail Service – Up to a 90-day supply

Copay Type	Coinsurance	Minimum	Maximum
Generic	20%	\$20.00	\$40.00
Formulary	20%	\$50.00	\$80.00
Non-Formulary	20%	\$80.00	\$120.00

\* Out-of-network charges are paid according to reasonable &amp; customary charges.

\*\* Inpatient hospitalizations and certain outpatient procedures require pre-certification. Failure to pre-certify will result in a \$250 penalty.

 Visit [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org) for the current list of services requiring pre-certification.

\*\*\* Southcoast Pharmacy &amp; Southcoast Clinical Pharmacy coinsurance is 18%; the same minimums and maximums apply for up to a 30 day supply. Up to a 90 day supply will be allowed for a coinsurance of 18%; the same minimums and maximums as through the mail service will apply.

**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 copays, deductible and coinsurance. Office visits copays are excluded. Prescription drug coinsurance & 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](http://www.southcoasthealthplan.org).

# Hospital Tiering Effective 1/1/2013

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

Charlton Memorial Hospital (MA)	St. Luke's Hospital (MA)	Tobey Hospital (MA)
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## Tier 2 Hospitals\*: Harvard Pilgrim and other preferred provider networks - Moderate member out-of-pocket costs

Addison Gilbert Hospital (MA)	Elliot Hospital (NH)	Martha's Vineyard Hospital (MA)	Parkland Medical Center (NH)
Alice Peck Day Memorial Hospital (NH)	Emerson Hospital (MA)	Mary Lane Hospital (MA)	Rehabilitation Hospital of Rhode Island (RI)
Anna Jaques Hospital (MA)	Falmouth Hospital (MA)	Massachusetts Eye And Ear Infirmary (MA)	Rhode Island Hospital (RI)
Athol Memorial Hospital (MA)	Faulkner Hospital (MA)	Melrose Wakefield Hospital (MA)	Roger Williams Medical Center (RI)
Baystate Medical Center (MA)	Franklin Medical Center (MA)	Memorial Hospital (RI)	Saint Joseph Health Services (RI)
Beth Israel Deaconess Hospital (MA)	Franklin Regional Hospital (NH)	Mercy Medical Center (MA)	Saint Vincent Hospital (MA)
Beth Israel Needham Campus (MA)	Frisbie Memorial Hospital (NH)	MetroWest Medical Center (MA)	Saints Medical Center (MA)
Beverly Hospital (MA)	Harrington Memorial (MA)	Milford Regional Hospital (MA)	Somerville Hospital (MA)
Boston Children's Hospital (MA)	Hasbro Children's Hospital (RI)	Milton Hospital (MA)	Southern New Hampshire Medical Center (NH)
Boston Medical Center (MA)	HealthAlliance Burbank Hospital (MA)	Miriam Hospital (RI)	South County Hospital (RI)
Bradley Hospital (RI)	Heywood Hospital (MA)	Monadnock Community Hospital (NH)	Speare Memorial Hospital (NH)
Brockton Hospital (MA)	Holyoke Hospital Inc. (MA)	Mt. Auburn Hospital (MA)	St. Joseph Hospital (NH)
Butler Hospital (RI)	Huggins Hospital (NH)	Nantucket Cottage Hospital (MA)	Tufts Medical Center (MA)
Cambridge Hospital (MA)	Jordan Hospital Inc. (MA)	New England Baptist Hospital (MA)	The Westerly Hospital (RI)
Cape Cod Hospital (MA)	Kent Hospital (RI)	New London Hospital (NH)	Wentworth-Douglass Hospital (NH)
Catholic Medical Center (NH)	Lahey Medical Center (MA)	Newport Hospital (RI)	Whidden Memorial Hospital (MA)
Cheshire Medical Center (NH)	Lakes Regional General Hospital (NH)	Newton Wellesley Hospital (MA)	Winchester Hospital (MA)
Clinton Hospital/UMASS Health System (MA)	Landmark Medical Center (RI)	Noble Hospital (MA)	Wing Memorial (MA)
Cottage Hospital (NH)	Lawrence General Hospital (MA)	North Adams Regional Hospital (MA)	Women & Infants Hospital (RI)
Dana-Farber Cancer Institute (MA)	Lowell General Hospital (MA)	North Shore Medical (Salem or Union) (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)	Exeter Hospital (NH)	Merrimack Valley Hospital (MA)	St. Elizabeth's Hospital (MA)
Berkshire Medical Center (MA)	Fairview Hospital (MA)	Morton Hospital (MA)	South Shore Hospital (MA)
Brigham & Women's Hospital (MA)	Good Samaritan Hospital (MA)	Nashoba Valley Medical Center (MA)	Sturdy Memorial Hospital (MA)
Carney Hospital (MA)	Holy Family Hospital (MA)	Norwood Hospital (MA)	UMass Memorial Medical Center (MA)
Concord Hospital (NH)	Littleton Regional Hospital (NH)	Portsmouth Regional Hospital (NH)	Upper CT Valley Hospital (NH)
Cooley Dickinson Hospital (MA)	Massachusetts General Hospital (MA)	Providence VA Medical Center (RI)	Valley Regional Hospital (NH)
Duncan Lodge (RI)	Mary Hitchcock Memorial Hospital (NH)	Quincy Medical Center (MA)	Weeks Medical Center (NH)
Eleanor Slater Hospital (RI)	Memorial Hospital (NH)	St. Anne's Hospital (MA)	

\*Additional hospitals and providers outside of the local area may participate in preferred provider networks. Visit [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org) for details.

Note: The Plan's tiering structure was adapted from Harvard Pilgrim's ChoiceNet product, which uses quality and cost-efficiency measures to tier providers. The adaptation takes into consideration the local marketplace and the service needs of Southcoast employees and their families. A hospital's benefit tier may change annually on January 1.

## Southcoast Health Plan: Frequently Asked Questions

### Medical Benefits

#### Do I need to elect a Primary Care Provider (PCP)?

Yes. You may choose a PCP by going to [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org). You will need your Member ID number, last name and ZIP code. You may also call **877-234-5550** Monday through Friday 8 a.m. to 5 p.m. to speak with a customer service representative who can record your PCP election(s).

#### How can I find out which tier my provider is in?

Go to [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org) or call our dedicated customer service line at **877-234-5550**.

#### I want to go to Southcoast, but they do not provide the service I need. If I go to a Tier 2 or Tier 3 facility for this service, why do I have to pay the Tier 2 or Tier 3 copayment or deductible and co-insurance?

Because Southcoast is a health care provider, the organization can offer special pricing on the services it provides. *This special benefit can be compared to a discount an employee of a clothing store gets on the merchandise that store sells. The employee gets a discount on the merchandise that store sells but not on merchandise sold at other stores.*

#### What happens if I have out-of-network services?

Out-of-network services are covered services you receive from non-participating providers and hospitals, or hospitals that are assigned to the Tier 3 level of coverage. Your care for these services would be covered after you satisfy the out-of-network deductible each calendar year (\$1,000 for individuals or \$2,000 for employee + 1 or family).

After you have paid the applicable deductible amount for the calendar year, you will be responsible for a portion of the cost, known as co-insurance. The plan will pay 70 percent of the cost and you will pay 30 percent up to an annual out-of-pocket maximum (\$2,500 for individuals and \$5,000 for employee + 1 or family).

#### What will happen if I have a medical emergency and what will I owe?

Southcoast Health Plan covers all medical emergencies (e.g., heart attack, stroke, choking, loss of consciousness or seizures). Just go to the nearest emergency facility or call 911 or another local emergency number. If you are hospitalized, you must call the Southcoast Health Plan within 48 hours, or as soon as you can (you may ask someone to do this for you).

If emergency care is needed, regardless of location, the ER visit will be subject to a \$100 co-pay.

If you or a covered dependent is admitted as a result of the emergency to any hospital other than a Southcoast hospital, whether in the service area or traveling out-of-area, the member will be responsible for meeting the \$500 Tier 2 deductible, if not already met, the \$100 ER visit co-pay is waived.

If the member goes to the ER of a Southcoast hospital and is admitted, the hospitalization will be covered at 100 percent. This includes circumstances in which the member is transported out of Southcoast for medical reasons to a Tier 2 or Tier 3 facility as decided by the treating physician.

#### **What is my coverage when travelling out of the area, but within the United States?**

If you seek care for non-emergency covered services while traveling, the services will be covered at the Tier 2 benefit level when you visit participating PHCS Healthy Directions\* providers. Services will be covered at the Tier 3 benefit level when you visit non-participating providers.

#### **What is my coverage when travelling out of the country?**

If you are travelling out of the country and require emergency medical treatment from a non-network provider, benefits shall be payable at the Tier 2 level subject to reasonable and customary charges. Routine services would not be covered.

#### **How does the Fitness Reimbursement Benefit work?**

Health plan subscribers are eligible for a maximum \$150 Fitness Reimbursement Benefit per policy per calendar year. A member may first submit for reimbursement after s/he has been both a member of a qualified health club and covered under the Southcoast Health Plan for at least four consecutive months.

Eligible facilities for reimbursement include qualified, full-service health and fitness clubs with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness. They **do not** include: martial arts centers, gymnastic facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, or sports teams and leagues.

Reimbursement forms are available at [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org).

#### **What is Personal Health Management?**

Personal Health Management is a voluntary, confidential service for health insurance members that have been identified as high-risk based on a number of health factors including having a complex chronic or an acute condition.

Members who have been identified for Personal Health Management will be assigned a Personal Health Nurse (PHN) who lives in our community, but works for InforMed, an independent company.

PHNs understand members' unique needs and assist in coordinating care, accessing local resources and providing support and guidance to members who are trying to manage their complex condition(s).

\*PHCS Healthy Directions is a Southcoast's national network of health care providers, which is available to help you get the care you need when you are out of the area.

## **PRESCRIPTION DRUG BENEFITS**

#### **Are Prescription Drugs covered by the Southcoast Health Plan?**

Yes. The prescription drug benefit (co-insurance with minimums and maximums) is administered by Catamaran (formerly Catalyst Health Solutions Inc.)

You will have convenient access to more than 62,000 chain and independent pharmacies including but not limited to: CVS Pharmacy, Rite Aid Pharmacy, Stop & Shop Pharmacy, Target Pharmacy, Walgreens Drug Store, Wal-Mart Pharmacy, Westport Apothecary and Southcoast Pharmacy.

#### **How do I find out if my pharmacy is in the network and how do I know whether the prescription medication I need is a generic, formulary or non-formulary drug?**

Go to [www.walgreenshealth.com](http://www.walgreenshealth.com) or call the Customer Care Center at **888-380-6180**.

#### **Is a mail order service available?**

Yes, members are able to attain up to a 90-day supply through Walgreens Mail Service. To enroll, call Walgreens Mail Service at **800-999-2655** or complete an online registration form. You can also attain a 90-day supply at the mail order copay from Southcoast Pharmacy.

#### **What are Specialty Medications and where can I have them filled?**

Specialty Medications are used to treat certain chronic (long-term) conditions and/or life-threatening rare diseases. Specialty medications may:

- Be given by infusion (intravenously/IV), injection or taken orally
- Cost more than traditional medications
- Have special storage and handling requirements
- Need to be taken on a strict schedule

The Southcoast Health Plan allows the initial (first) fill of a Specialty Medication to be at any participating network pharmacy, Southcoast Pharmacy, Southcoast Clinical Pharmacy or Walgreens Specialty Pharmacy. Any refills or subsequent fills of a Specialty Medication (excluding anticoagulants or blood thinners) will need to be filled at Southcoast Pharmacy, Southcoast Clinical Pharmacy or Walgreens Specialty Pharmacy.

#### **What is a Prior Authorization?**

Certain medications require additional information from your physician in order to make sure they are being used for appropriate medical conditions and within the FDA guidelines for the drug. In these cases, when you present a prescription to a pharmacy for a medication that requires a prior authorization, the pharmacist may tell you that the claim was denied and should provide the reason.

#### **What do I do if the coverage was denied for my prescription medication because Prior Authorization is required?**

Call the Pharmacy Customer Service Center number provided on the back of your Southcoast Health Plan ID card and ask the customer service representative to initiate the Prior Authorization process. They will need some information from you so be prepared to give them the name of the medication, the physician phone number and fax number and your contact information.