SOUTH COUNTY HEALTH

MAYO CLINIC Care Network Member



2027 EMPLOYEE BENEFITS







Open Enrollment

Today's Lunch and Learn Team



Maggie Thomas
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Benefits Specialist



Tim Simokonis
Senior Vice President,
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Alliant Insurance Services



Jen LaHaie,
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Account Executive, UMR

Open Enrollment: We’re Here to Help

Multiple Opportunities to Learn, Ask Questions and Get Support

We’re bringing Open Enrollment resources directly to you.
Whether you work on-site, off-site or a different shift, SCH is providing multiple opportunities to learn about your 2027 benefits and get your questions answered.



Benefits Fair

November 4th

Explore your 2027 benefits, connect with benefit representatives and get answers to your questions.



Off-Site & Off-Shift Rounds

SCH will bring benefits information and support to employees across locations and shifts.



Lunch & Learns

Attend educational sessions to better understand your benefit options and what’s changing for 2027.



HR Team Availability

The HR team will be available throughout Open Enrollment to answer questions and provide enrollment assistance.

Resources to Take Away



Benefit Guides

Overview of all benefit plans including those provided at no cost, and voluntary benefits options that may be valuable to you and your family.



Contribution Comparison

Compare 2026 paycheck contributions to your 2027 options



Coverage Comparison

Understand at a glance what's changed from 2026 to 2027 with a comparison of 2027 plan options



Frequently Asked Questions

Questions posed by SCH colleagues with responses. This FAQ sheet will be updated and posted on the Intranet.

Benefits Eligibility

You are eligible for benefits if you work at least 20 hours per week.

Eligible dependents could be:



Qualified Life Events



Divorce or legal separation



Marriage



Change of employment status by you or your spouse



Birth of your child

2027 Benefit Elections remain in effect from January 1 – December 31, 2027 unless you have a Qualified Life Event.



Significant change in you or your spouse's health coverage due to your spouse's employment



Entitlement to Medicare or Medicaid



Death of your spouse or dependent child



Adoption of/placement for adoption of your child

Active Enrollment: Action Required!

You Must Enroll to Continue Your Benefits in 2027

Open Enrollment is active this year, which means **all benefits-eligible employees must make their 2027 benefit elections by November 30, 2026.** Your current elections will not automatically carry over.

1

Review Your Benefits
Explore your 2027 benefit options, including the new plan option for savings.

2

Make Your Elections
Access the enrollment system through ADP and select your benefits for 2027.

3

Complete Enrollment by November 30
Submit your elections by the deadline. Your 2027 coverage begins January 1, 2027.

ACTION REQUIRED:
Enroll by November 30, 2026

Early Enrollment Encouraged!

Complete your enrollment by November 20th for a chance to win!

All staff members who complete their enrollment by November 20th will automatically be entered into a raffle for **South County Chamber gift certificates valued at $100 or $200.**

BELMONT MARKET



MatuNuck Oyster Bar

EST. 1947 MEWS TAVERN

SOUTH COUNTY BREAD COMPANY

SWEENOR'S CHOCOLATES
WWW.SWEENORSCHOCOLATES.COM

Gift certificates may be redeemed at a variety of participating local businesses and establishments throughout the community.

Open Enrollment: Important Requirements

Be Prepared to Complete Any Required Steps

Supporting Documentation Requirements

- Submit any requested documentation by the required deadline.
- Make sure all information is accurate and complete to avoid delays.
- Additional details, including which elections require documentation, will be provided during Open Enrollment.

Grandfathered Wellness Enrollees

Employees currently enrolled under grandfathered wellness provisions will receive direct communication regarding eligibility requirements for 2027.



Look for more information from HR during Open Enrollment.



Medical







Rising Healthcare Costs a National Challenge

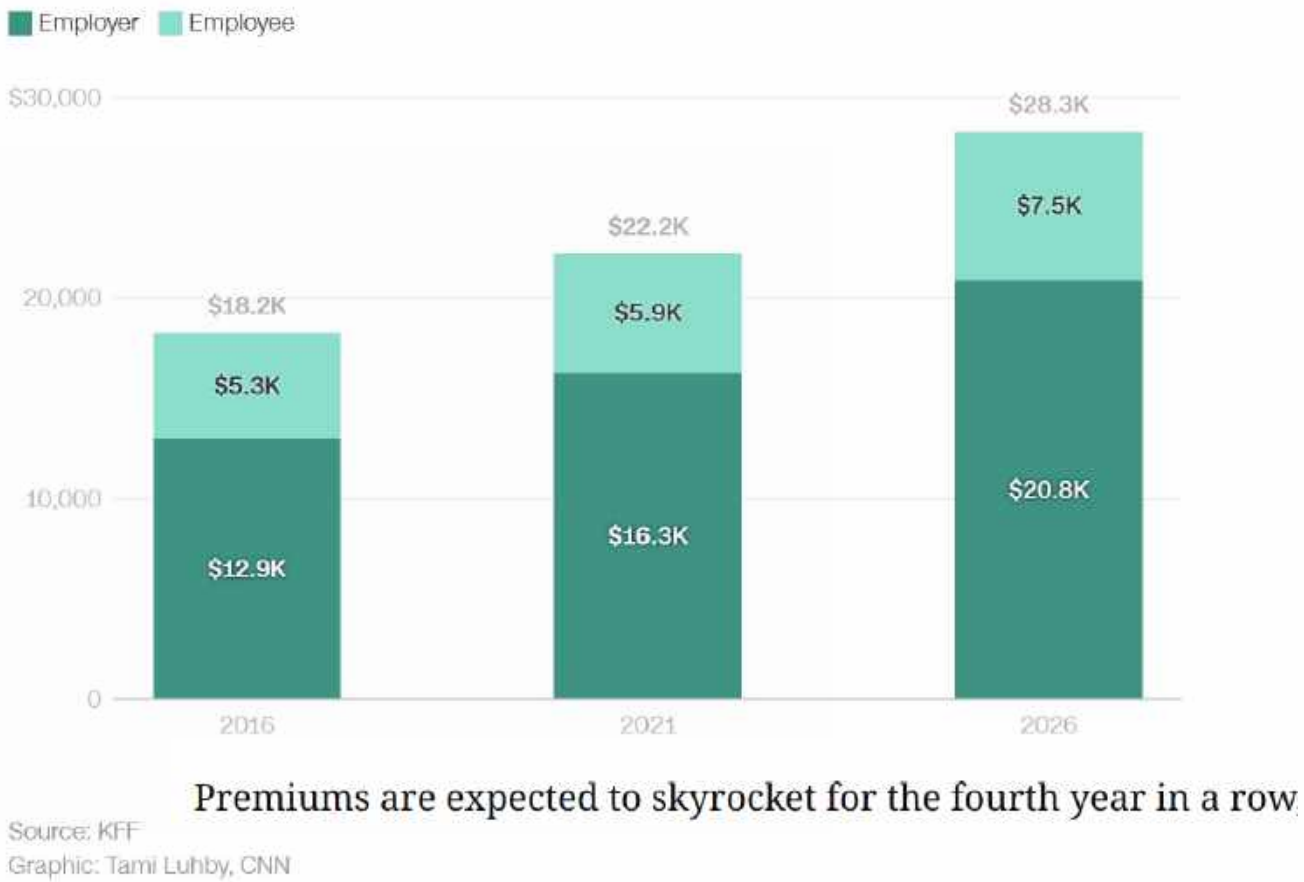
BUSINESS > ECONOMY • 4 MIN READ

Getting health insurance from your job will be extra pricey for 2027

OCT 22, 2026

By Tami Luhby

As a Hospital System, SCH has an opportunity to leverage our resources and expertise for better outcomes.



Premiums are expected to skyrocket for the fourth year in a row

Source: KFF
Graphic: Tami Luhby, CNN

The Imperative for Change

Escalating Costs and a Misaligned Third Party Administrator Partner

2026 Healthcare Expenses: SCH's self-insured health plan expenses projected at $15 million in 2026.

2027 Projected Increase: Plan costs are projected to increase by another $2 million (12.6%) in 2027.

Limited Rate Increases: Office of Health Insurance Commissioner (OHIC) limits SCH increases from commercial payers average of 3.6%.



Blue Cross Blue Shield (BCBSRI) A Misaligned Partner

Restricted Pharmacy Benefit Manager (PBM) Choice: BCBSRI restricted SCH's ability to select its Pharmacy Benefit Manager (PBM) to manage a **23%** increase on Rx spend. $2.3M 2026 projected to increase to $2.8M 2027

Lack of Data Transparency: BCBSRI refused to share data SCH needs to effectively manage healthcare spend.

Misaligned Care Strategy: BCBSRI recommendations undermined SCH's strategy of using SCH for Care.

BCBSRI — Not Partners in Stewardship; Not Aligned on Strategy.

What's Not Changing in 2027

Access to Your Providers

While there are changes to the plans, you'll continue to have access to the providers you trust.

SCH's Self-Funded Insurance Program

SCH's plan remains self funded, i.e., SCH is financially responsible for all claims under the plan and staff contribute to that expense. The plan is administered by a third party.

Use SCH for Care

Use SCH for Care first for the highest quality and lowest cost. Most services available for $0 out of pocket.

Medical: SCH Network

MAYO CLINIC Care Network Member



Why go elsewhere when exceptional care is right here?

South County Health offers access to respected physicians, experienced specialists and high-quality care, with the added expertise of the Mayo Clinic Care Network.

TRUSTED PHYSICIANS. CLOSE TO HOME.
Access respected physicians, experienced specialists and coordinated care from South County Hospital, South County Medical Group and South County Home Health.

MAYO CLINIC EXPERTISE. AT NO ADDITIONAL COST.
Through the Mayo Clinic Care Network, your SCH physician can collaborate with Mayo Clinic specialists and access second opinions to support your care, at no additional cost to you.

EXCEPTIONAL CARE. EXCEPTIONAL SAVINGS.
From specialist visits to surgical procedures and inpatient hospital stays, choosing South County Health means access to trusted local care the lowest out-of-pocket costs available under your medical plan.

Your Care Starts Here.

What’s New in 2027

New! Medical Plan Administrator: United Healthcare/ UMR

Beginning January 1, 2027, United Health/ UMR will replace Blue Cross Blue Shield as the administrator of South County Health’s medical plans.

New! Premier Choice Health Plan (PCHP)

A third medical plan option designed to help you save money on health care, especially when you choose South County Health for your care.

New! Prescription Drug Partner Liviniti

Liviniti will replace our current prescription drug administrator beginning January 1, 2027.

Which Medical Plan Is Right for You?

Three plans. Different ways to manage your health care costs.

NEW! Premier Choice Health Plan (PCHP)	Exclusive Provider Organization (EPO)	High-Deductible Health Plan (HDHP)
MAXIMIZE YOUR SAVINGS	**PREDICTABLE COSTS**	**SAVE FOR THE FUTURE**
Ideal for employees looking to lower their health care costs by making informed choices about where they receive care. Enjoy $0 covered services at SCH, with copays and other cost-sharing for care outside SCH. **Great care.** **Greater savings.**	Ideal for employees who prefer a traditional medical plan with predictable copays for many services. Access trusted SCH care at little or no cost, with copays and cost-sharing elsewhere in the UMR network. **Familiar coverage.** **Predictable costs.**	Ideal for employees who want the opportunity to save for health care expenses through a Health Savings Account (HSA). You must pay your deductible first, even at SCH. Once met, many covered SCH services are available at $0. **Lower premiums with deductible HSA Tax Advantages.**

REMEMBER: The EPO and HDHP plans use UMR's extensive national network, United Healthcare Choice Plus. Always confirm your provider participates in your plan before receiving care.

YOUR CARE STARTS HERE. No matter which plan you choose, South County Health offers exceptional care and opportunities to save.

Medical Overview – Exclusive Provider Organization (EPO)

From Preferred Provider to Exclusive Provider Plan

Maintaining access to high-quality care within the United Healthcare National Network while helping to manage rising healthcare costs.

1 Care at SCH

Care at SCH continues with $0 copays and deductibles.

2 Emergency Department

Emergency Department copay remains $200.

3 Deductibles and Out-of-Pocket Limits

Tier 2 $1,500 / $3,000 deductibles continue. Out-of-pocket maximums $4,000/ $8,000.

4 Office Visit Copays

$0 when using SCH providers. $30 for primary care and behavioral health; $50 for specialists in the United Health Choice Plus Network.*

5 Choose SCH When Available

When care is available at SCH and you choose another provider, you pay 100% coinsurance up to the out-of-pocket maximum. 30% coinsurance if care not provided at SCH.

6 Other Key Information

Elite PT no longer domestic; Ortho RI PT remains Tier 1 with 20 visits at 0%. Behavioral Health appts $30

** Applies to both the EPO and HDHP plans.*

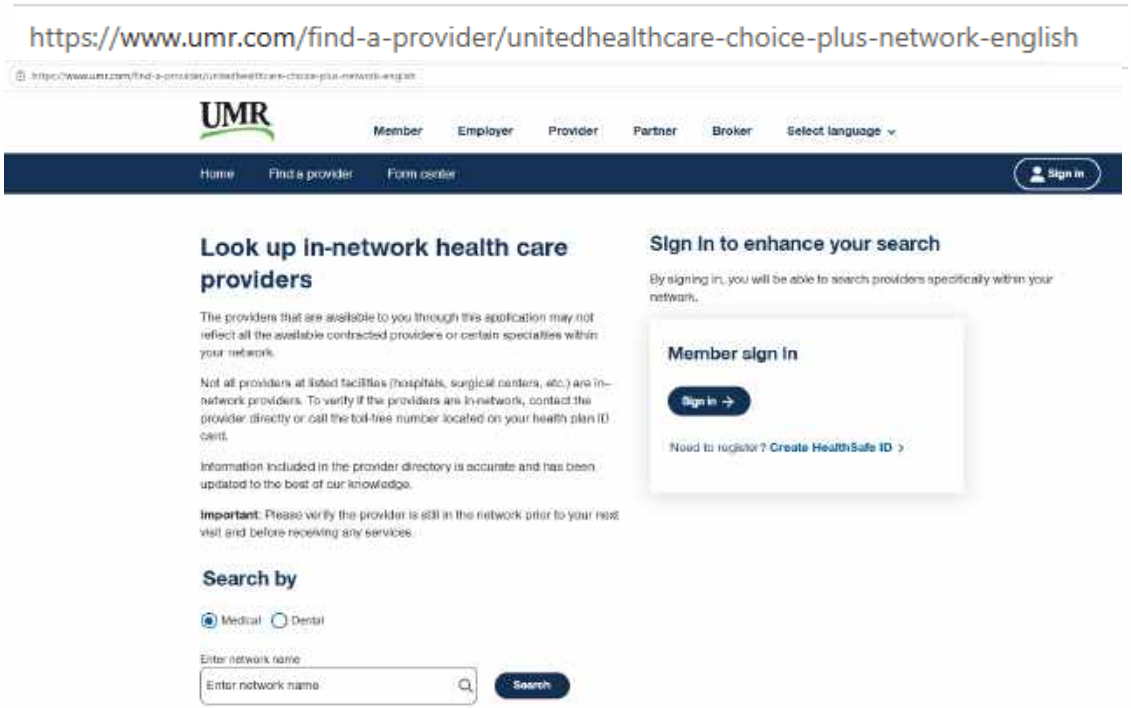
Plan Costs and Employee contributions increasing by 11%
Annual Plan Costs - Individual$12.8K Family $31.2K

Exclusive Provider Organization (EPO)

Network:

- South County Health Tier 1 Network
- United Healthcare Choice Plus serves as Tier 2 Network

Does my provider accept UMR?







One card for medical and Rx coverage.

Exclusive Provider Organization (EPO)

https://www.umr.com/find-a-provider/unitedhealthcare-choice-plus-network-english

UMR

Member | Employer | Provider | Partner | Broker | Select language

Home | Find a provider | Form center | Sign in

Look up in-network health care providers

The providers that are available to you through this application may not reflect all the available contracted providers or certain specialties within your network.

Not all providers at listed facilities (hospitals, surgical centers, etc.) are in-network providers. To verify if the providers are in-network, contact the provider directly or call the toll-free number located on your health plan ID card.

Information included in the provider directory is accurate and has been updated to the best of our knowledge.

Important: Please verify the provider is still in the network prior to your next visit and before receiving any services.

Sign in to enhance your search

By signing in, you will be able to search providers specifically within your network.

Member sign in

Sign in →

Need to register? **Create HealthSafe ID** ›

Search by

◉ Medical ○ Dental

Enter network name

Enter network name

FIND A PROVIDER | **UnitedHealthcare Choice Plus Network**

Click on the **View providers** button below to search for health care professionals in your network.

Helpful Cost Estimates

This provider search tool also shows information about the cost of care. Look for providers labeled "Premium Care Physician", which indicates the provider meets the criteria for providing quality and cost-efficient care. Click on a specific provider to view average cost estimates for office visits and treatments for illnesses and conditions within your area.

Important: Please verify the provider is still in the network prior to your next visit and before receiving any services.

Additional Resources

Behavioral health directory | National vendors directory | Add my provider to the network | Virtual Specialists

View Providers →

Medical Overview – Premier Choice Health Plan (PCHP)

Introducing the New Premier Choice Health Plan (PCHP)

A new medical plan option with premiums 25% lower than the Exclusive Provider Organization Plan (EPO) and the same $0 cost for care at SCH.

1. **Lower Premiums**
   Lowest-cost premiums, with 25% savings compared to the PPO. Same $0 domestic tier and medical plan design as the EPO

2. **Provider Choice**
   Members choose where to receive care, with no plan exclusions.

3. **Deductibles, Coinsurance, OOP's**
   $1,500 / $3,000 deductibles continue.
   Coinsurance 100% for hospital services provided at SCH. Out-of-pocket maximums are $4,000 / $8,000

4. **Personalized Guidance**
   Use UMR's HealthSCOPE app, website, or a Plan Advisor to compare providers by quality and cost.

5. **Hospital Services**
   Members receive guidance during preauthorization and precertification to understand costs before receiving care.

6. **Shared Savings Opportunity**
   SCH is exploring Shared Savings if healthcare costs are lower than projected.

Plan Costs and Employee contributions 25% lower than EPO
Annual Plan Costs - Individual$11.8K Family $28.8K

Premier Choice Health Plan

Open Network Plan:

- South County Health Tier 1 Network
- Tier 2 - Removes “in-network” restrictions on services, allowing you to choose providers and facilities, while reducing overall cost of your care.
- The plan uses, but is not limited to PHCS Network

Using the Premier Choice Health Plan

- If your provider doesn’t accept PHCS Network, call Plan Advisor concierge.
- Plan Advisor will contact the provider directly to establish a relationship and explain the plan design. (Turn around process on acceptance typically 48 hours.)
- Provider search at portal.hstechnology.com/PHCS
- You can also go to the provider without calling Plan Advisor, if they are not enrolled in PHCS Network, negotiations happen after your visit.
- The plans pays a percentage of Medicare Rate (Reference Based Pricing)
- You are responsible for the same copay or coinsurance.
- In certain situations, providers may bill amounts beyond the plan's reimbursement. When that occurs, members should contact Plan Advisor immediately so the situation can be reviewed and assistance is provided.

Premier Choice Plan

HealthSCOPE BENEFITS

Toll Free Number: 844-600-0920

Plan Advisor

- Benefit and Coverage information
- Accumulator / Cost Share
- Eligibility / Claim Status
- ID Cards
- Find Providers
- Member Access Issues
- Initial Balance Bill Concerns

Portal services:
healthscopebenefits.com or HSB mobile app

Transfers via Plan Advisor or members may call directly 888-837-2237

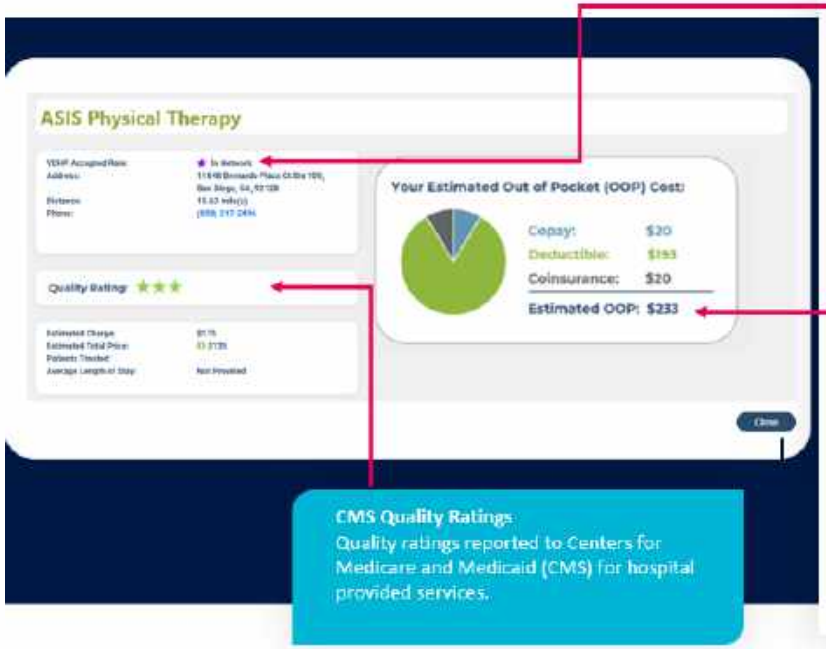
Vistara by Claritev

- Escalated Member access issues
- Single Case Agreements
- Settle balance bills with providers
- Negotiate agreements directly with providers
- Establish claim pricing
- Member advocacy on billing settlement

Portal services:
claritevconnect.com or Claritev Connect mobile app

Premier Choice Plan

Resources for Finding a Provider



Cost Estimation

Providers cost estimates for all providers and all 'shoppable services'.

Vistara Acceptance Rate

Acceptance is shown as a colored dot with a % and are categorized:

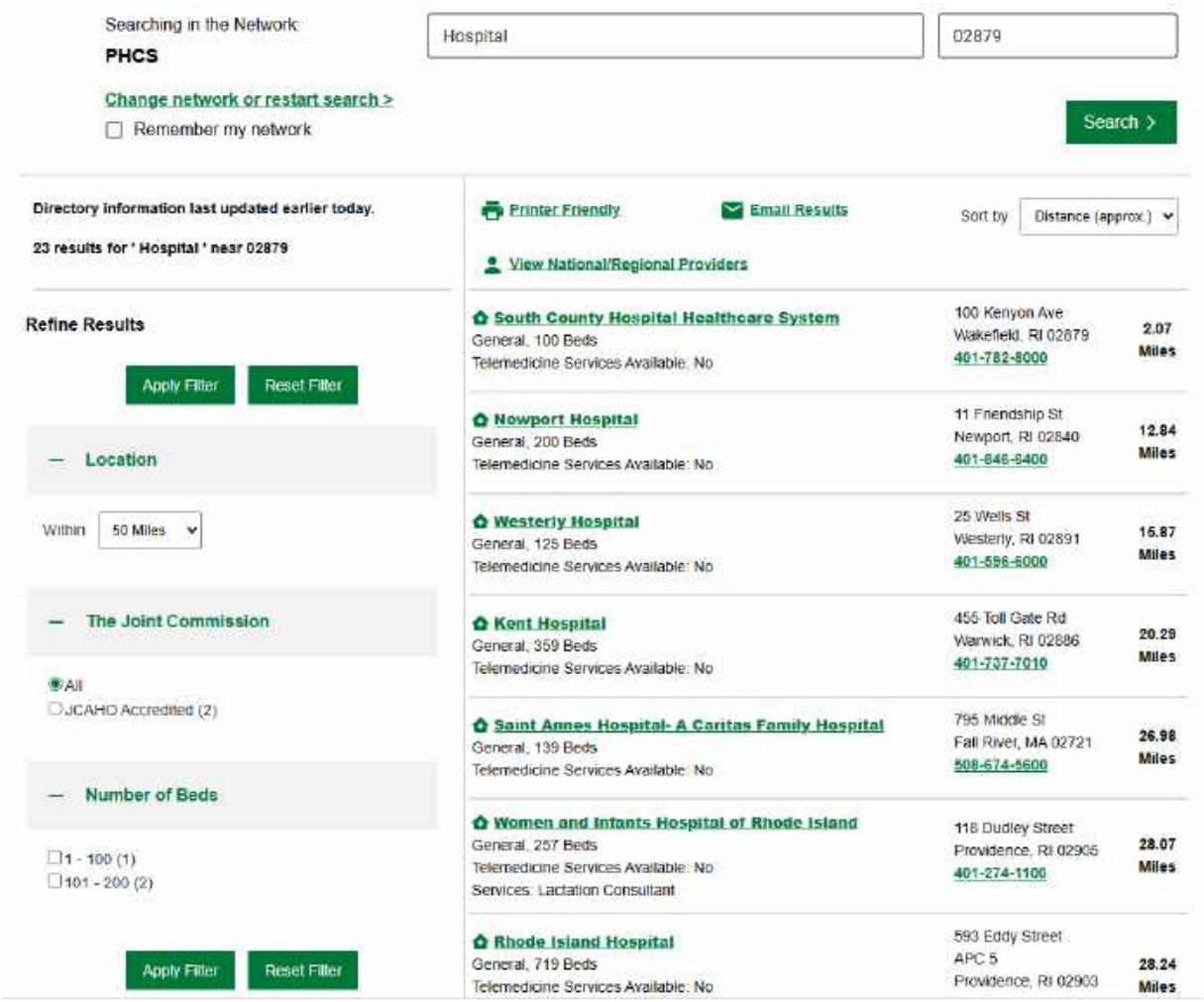
- Green Facilities have greater than 90% acceptance
- Yellow Facilities have acceptance of 75-90%
- Red Facilities have less than 75% acceptance or above 250% of Medicare
- Facilities displayed in blue are "Limited Experience" indicating not enough experience to determine acceptance rate.
- Anchors indicate an Vistara Care Connect Provider
- Vistara Contracted Provider
- Indicates an In-Network Provide



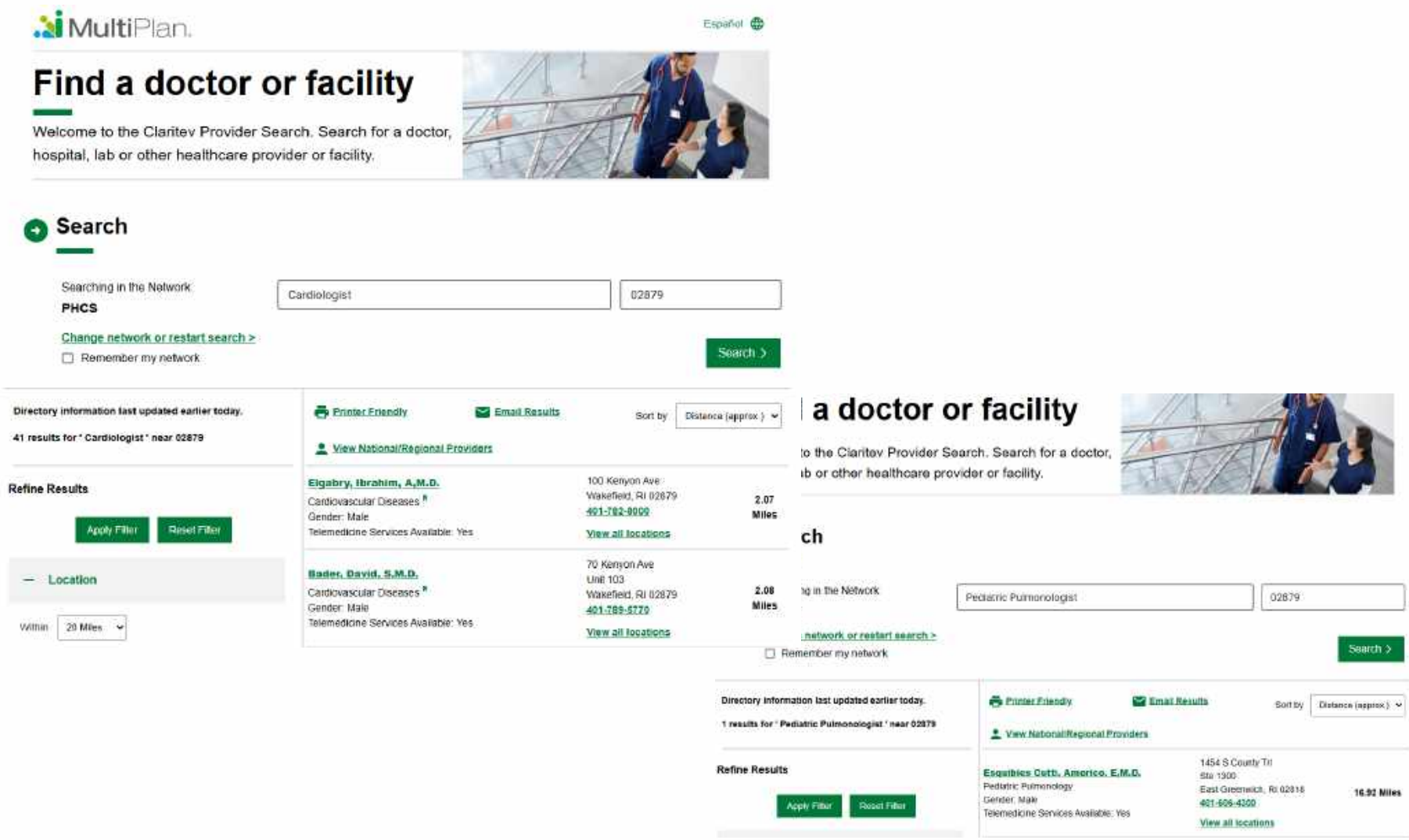
https://portal.hstechnology.com/PHCS

Premier Choice Plan

https://portal.hstechnology.com/PHCS

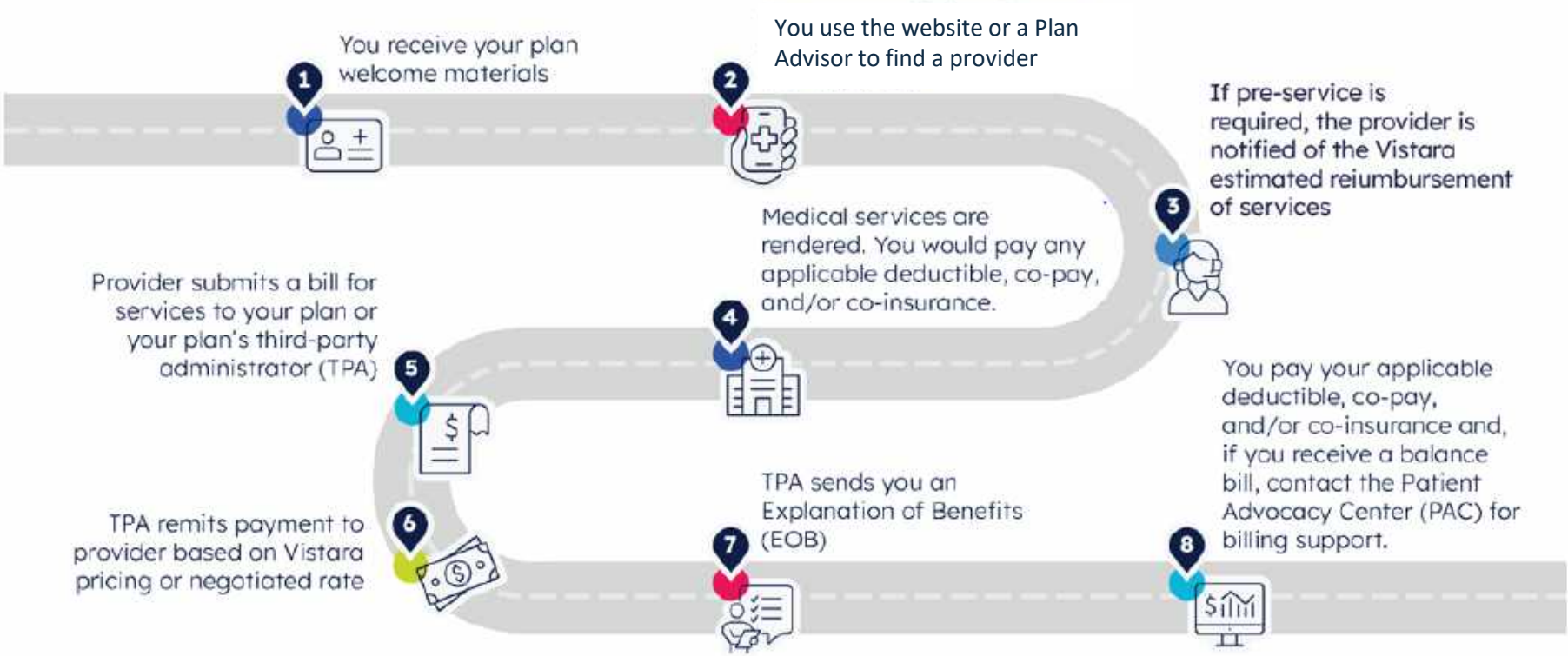


Premier Choice Plan



Premier Choice Plan

THE MEMBER EXPERIENCE ROADMAP



Premier Choice Plan

You will receive your ID card in the mail with instructions to create your online member account at healthscopebenefits.com. There you have easy access to all of your plan benefits, explanation of benefits and ID cards.



Getting started

After receiving their ID Card, members go to healthscopebenefits.com and click the Member button.

Members use the New Member Registration link to set up a new account. They will need their ID card to reference and follow the onscreen instructions to register.

Members can also download the HealthSCOPE Benefits mobile app in their app store.

After logging in at **healthscopebenefits.com** members may follow the **Find a Provider** link to claritevconnect.com to register and search for providers.

UMR and HealthSCOPE Benefits offer mobile apps available in your favorite app store.

Medical Overview – High-Deductible Health Plan (HDHP)

High-Deductible Health Plan (HDHP)

Maintaining access to high-quality care within the United Healthcare National Network while providing tax savings. A deductible applies before $0 SCH care.

1 Deductible
SCH Network: $1,750/$3,500
United Healthcare Network: $3,500/$7,000

2 Out-of-Pocket Maximum
SCH and UMR Network: $4,000/$8,000

3 SCH HSA Contributions
SCH contributes $350 individual / $700 family.

4 Additional HSA Tax Savings
Employee Contributions: $4,500 individual, $9,000 family, plus a $1,000 catch-up for ages 55+

5 Care at SCH
After meeting the deductible, most care at SCH is $0.

6 United Health/ UMR Network
After meeting the deductible, coinsurance ranges from 20%–100%, depending on the service.

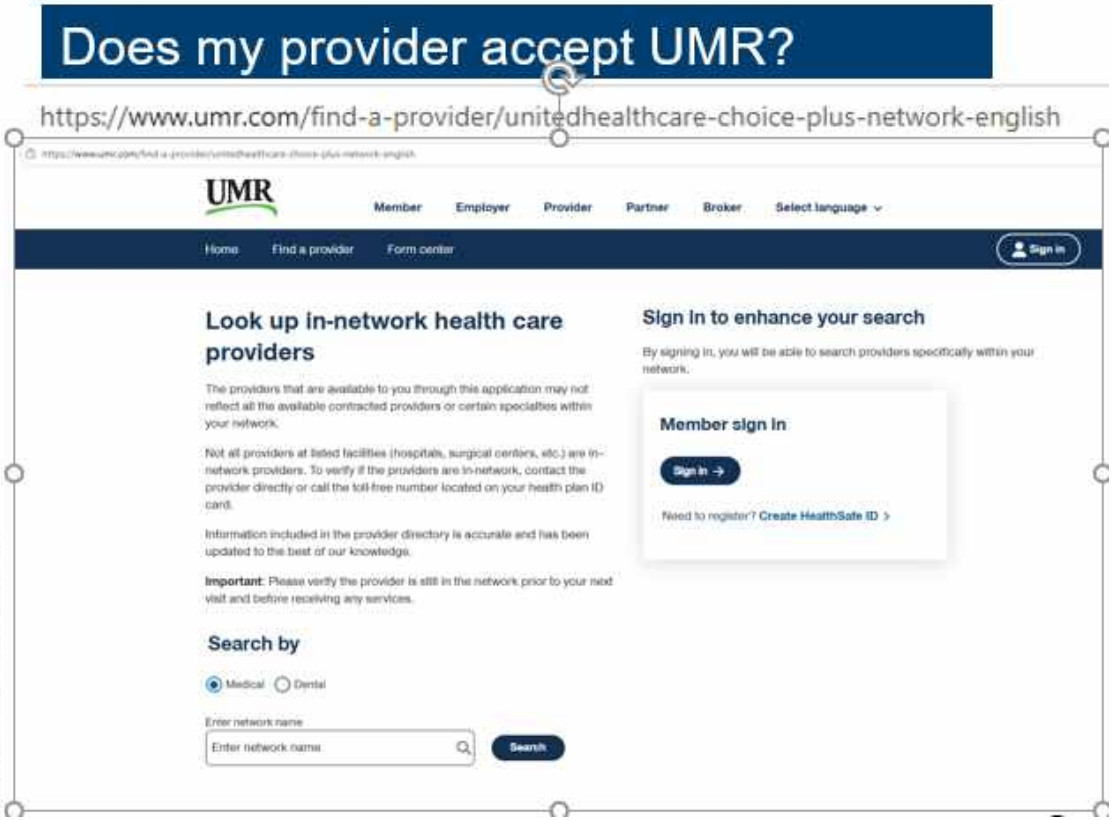
Plan Costs and Employee contributions increasing by 11%
Annual Plan Costs - Individual$10.8K Family $26.3K

High Deductible Health Plan (HDHP)

Three plans. Different ways to manage your health care costs.







One card for medical and Rx coverage.

Health Savings Account (HSA)

Eligibility: You must be enrolled in the High-Deductible Health Plan.

South County Health contributes: $350 (Employee Only) | $700 (Family)
You contribute on a pretax basis and can contribute up to the annual IRS maximum of $4,500 if you enroll only yourself or $9,000 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.

Eligible Expenses: Per IRS regulations, medical, dental, vision & prescription drug expenses incurred by you and your eligible family members.

Using Your Account: Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Your HSA is always yours – no matter what: The money is yours! Money left in your HSA at the end of the year will roll over to the next year – you'll never lose your HSA dollars even when your employment with South County Health ends.

Which Plan is Right for Me?

Only you can decide but things to consider:

Premier Choice Plan

- You use SCH consistently for care with little or no need to go outside of the SCH network.
- Want the lowest costs both in paycheck contributions and when consuming healthcare.
- Understand you are a healthcare consumer; okay engaging with a Plan Advisor.
- Your specialists take Multiplan or you're comfortable working with a Plan Advisor.
- Your specialists do not accept United Health Choice Plus.

EPO

- Less tolerant of change; like your current Vantage Blue PPO plan and want the closest option available.
- You are willing to pay more for that plan.
- The specialists you see are in the SCH Tier 1 Network or accept United Health Choice Plus.
- If you prefer a more traditional health plan that doesn't require your participation.

Questions?

Your feedback is important!

Please share questions, concerns, and what's going well at benefits@southcountyhealth.org