Medical Insurance – High Deductible Health Plan (HDHP)

HDHP Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITEDHEALTHCARE CHOICE PLUS NETWORK
Annual Deductible		
Individual/Family	$1,750/$3,500	$3,500/$7,000
Out-of-Pocket Maximum		
Individual/Family	$4,000/$8,000	$4,000/$8,000
Office Visits		
Personal Physician	$0*	30%*
Preventive Visit	$0*	30%*
Specialist	$0*	30%*
Chiropractic Visits	Not Available	30%*
Routine Eye Exam (One Annual Exam)	Not Available	30%*
Urgent Care	$0*	30%*
Emergency Services		
Emergency Room Care	$200* (waived if admitted)	$200* (waived if admitted)
Ambulance Services	$50*	$50*
Outpatient Services		
Outpatient Hospital & Physician Services	$0*	100%*[1]
Outpatient Surgery & Procedures[2,4,5,6,7,8]	$0*	100%*[1]
Lab Work, Diagnostic Tests & X-rays[9]	$0*	100%*[1]
Cardiology Services	Not Available	30%*
Maternity Care – High Risk[3]	Not Available	30%*
Maternity Care – All Other	$0*	100%*[1]
Inpatient Services		
Hospitalization & Physician Services	$0*	100%*[1]
Oncology Services (Including Chemotherapy & Radiation)	$0*	100%*[1]
Maternity Care – High Risk	Not Available	30%*
Maternity Care – Labor & Delivery	$0*	100%*[1]
Mental Health & Chemical Dependency Treatment Services		
Inpatient	Not Available	20%*
Outpatient	Not Available	20%*
Office Visits	Not Available	$30*
Diabetic Services		
Eye & Foot Exams	$0*	$0*

* After Deductible
[1] If service is available at SCH, 100% coinsurance applies; otherwise 30%

HDHP Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITEDHEALTHCARE CHOICE PLUS NETWORK
Additional Services		
Physical Therapy	0%* per visit	20%*
Occupational & Speech Therapy	0%* per visit	20%*
Durable Medical Equipment (DME)	Not Available	20%*
Home & Hospice Care	$0*	20%*
Acupuncture (12 Visit Maximum)	Not Available	$30
Wellness & Disease		
Management Services	$0	$50

* After Deductibe

Important Plan Footnotes

For services that SCH can provide, members are subject to a 100% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services from a non-SCH provider or in a non-SCH location, please be aware that you will be subject to the coinsurance up to the Out of Pocket Maximum.

Deductibles, coinsurance and flat dollar copayments (medical and prescription drug) apply to the plan year (calendar) maximum out of pocket expense.

- **A HDHP requires member to pay the full deductible before copay or coinsurance amounts apply.**

[1]If service is not available at SCH

[2]Deductible and coinsurance will not apply when physical therapy or occupational therapy services are provided at Ortho Rhode Island locations. Note physical therapy is the only Tier 1 service at South County Orthopedics. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group.

[3]Patients who require delivery prior to 35 weeks, newborns anticipated to require NICU care, certain genetic disorders, or poorly controlled maternal diabetes, type 1 DM, on therapeutic anti-coagulation, significant maternal cardiac disease (artificial valves, aortic stenosis etc.), molar pregnancies, abnoral placentation, or substance use not well controlled as determined by the provider.

[4]SCH performs colon, breast, and complex hernia surgery; 100% deductible for those services applies. Surgery including post-mastectomy reconstruction, tissue expander placement for reconstruction, as well as thyroid, parathyroid, bariatric, major liver, pancreatic, esophageal, rectal, and thoracic surgeries performed elsewhere are subject to a 30% coinsurance.

[5]Gyn oncology and extensive MIGS cases with endometriosis not available at SCH; a 30% coinsurance will apply.

[6]Endoscopy: SCH offers EGD, colonoscopy, ERCP, EUS, dilation, stenting and feeding tube placement. Services not available at SCH subject to a 30% coinsurance.

[7]Orthopedics: Orthopedic cancer surgery and pelvic or acetabular fracture surgery are performed elsewhere and subject to 30% coinsurance.

[8]Pediatric procedures performed at other healthcare systems are not subject to the 100% deductible; a 30% deductible will apply.
Esophageal manometry and pH/impedence testing (ie Bravo) is not provided at SCH; a 30% coinsurance will apply
Endoscopic Submucosal Dissection(ESD), POEM, and advanced biliary procedures are not performed at SCH; a 30% coinsurance will apply.

[9]X-ray, Imaging and Machine Tests excluded from SCH services where a 30% coinsurance applies includes:

Specialty marker sphere/calibration related to per-surgical planning for orthopedic procedures,
CT - Calcium Scoring, Cardiac/HeartFlow FFR-CT, Brain Perfusion, 3D colonoscopy, any gated Exams, or any outpatient < 14 years old,
MRI - Prostate, Cardiac, Any outpatient < 14 years old, Ultrasound - Level 2 Obstretical scans, Fetal echocardiograms, appendix, any outpatient < 8 years old, and Nuclear Medicine - SpecCT, VQ Scan, WBC/Therapies, Brain Death & DMSA.