Medical Insurance – Premier Choice Plan

Premier Choice Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 OPEN NETWORK
Annual Deductible		
Individual/Family	$0	$1,500/$3,000[1]
Out-of-Pocket Maximum		
Individual/Family	$0	$4,000/$8,000[1]
Office Visits		
Personal Physician	$0	$30
Preventive Visit	$0	$0
Specialist	$0	$50
Chiropractic Visits	Not Available	$50
Routine Eye Exam (One Annual Exam)	Not Available	$50
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%*
Outpatient Surgery & Procedures[2,4,5,6,7,8]	$0	100%*
Lab Work, Diagnostic Tests & X-rays[9]	$0	100%*
Cardiology Services	Not Available	30%
Maternity Care – High Risk[3]	Not Available	30%
Maternity Care – All Other	$0	100%*
Inpatient Services		
Hospitalization & Physician Services	$0	100%*
Oncology Services (Including Chemotherapy & Radiation)	$0	100%*
Maternity Care – High Risk[3]	Not Available	30%
Maternity Care – Labor & Delivery	$0	100%*
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
Additional Services		

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

Premier Choice Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 OPEN NETWORK
Physical Therapy	0%	20%
Occupational & Speech Therapy	0%	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

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

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.

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

[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.