

# Health Plan

PROVIDED THROUGH MERITAIN HEALTH (Full-Time & Part-Time Team Members are eligible). To locate preferred providers refer to:

- CGRHN—local providers in the Coastal Georgia Regional Healthcare Network. A list of providers is available on the intranet [www.sghs.org/team-member](http://www.sghs.org/team-member) portal.
- Aetna POS II – physicians who are outside CGRHN. A list of providers is available on the Aetna website ([www.aetna.com/docfind/custom/mymeritain/](http://www.aetna.com/docfind/custom/mymeritain/))

Refer to the Meritain website (mymeritain.com) for the Summary Plan document to find out more details on your health insurance. If you have a claims question, contact Meritain Health at 1-800-925-2272.

Coverage/Plan	Super Preferred Provider (SGHS owned/operated)	Preferred Provider	Non-Preferred Provider
<b>Deductible</b> (individual/family) *	\$0	\$500/\$1,500	\$1,500/\$4,500
<b>Out of Pocket Maximum</b> (individual/family)	\$2,900/\$5,800	\$3,500/\$7,000	Unlimited
<b>Physician Services</b>			
Office/sick visits	\$20 co-pay	\$20 co-pay	40% after deductible
Hospital Visits	10% coinsurance	25% after deductible	40% after deductible
Surgery in office	\$20 co-pay	\$20 co-pay	40% after deductible
Surgery in outpatient hospital setting	10% coinsurance	25% after deductible	40% after deductible
<b>Chiropractic Service</b>	N/A	25% after deductible	40% after deductible
<b>Preventive Care/Wellness</b> (annual GYN exam, mammogram, PSA, prostate screen)	100%	100%	Not covered
<b>Routine Physical Exams</b>	100%	100%	Not covered
<b>Routine Child Care &amp; Immunizations</b> (eligible child(ren) birth to 18 years old)	100%	100%	Not covered
<b>Inpatient Facility Charges</b>	10% coinsurance	25% after deductible and \$150 co-pay	40% after deductible and \$200 co-pay
<b>Outpatient Facility Charges</b>	100%	25% after deductible	40% after deductible
<b>Outpatient Diagnostic Services Facility Charges</b> (x-rays, labs)	100%	25% after deductible and \$75 co-pay	40% after deductible and \$100 co-pay
<b>Outpatient Diagnostic Services Physician Services**</b>	N/A	25% after deductible	40% after deductible
<b>Physical, Occupational and Speech Therapy</b>	100%	25% after deductible	40% after deductible
<b>Emergency Room Facility</b>	20% after \$150 co-pay	20% after \$150 co-pay	20% after \$150 co-pay
<b>Emergency Room Physician</b>	N/A	20% no deductible	20% no deductible
<b>Immediate / Urgent Care</b>	\$25 co-pay	\$75 co-pay	\$75 co-pay
<b>Substance Abuse/Mental Health</b>			
Inpatient	N/A	20% after deductible and \$150 copay	40% after deductible
Outpatient	\$20 co-pay	\$20 co-pay	40% after deductible
<b>Prescription Drug Co-Pays***</b>	\$14.00 co-pay for Non-Disease Management Participants/\$7.00 co-pay for Disease Management Participants****		
Generic	\$45.00 co-pay for Non-Disease Management Participants/\$32.50 co-pay for Disease Management Participants****		
Preferred Formulary Brand Name	\$75.00 co-pay for Non-Disease Management Participants/\$55.00 co-pay for Disease Management Participants****		
Non-Preferred Formulary Brand Name	20% to a maximum of \$300 per fill		
Specialty Drugs	Specialty Drugs - <a href="#">Certain restrictions may apply</a>		

Any new specialty drugs, or prescriptions drugs/medications with a retail price of \$1,000 or more MUST BE REVIEWED/APPROVED prior to fulfillment by pharmacy. This process could take up to two (2) days depending upon the response time of the prescribing physician.

\* The Non-Preferred deductible and out-of-pocket maximum are separate from the Preferred and Super-Preferred deductible and out-of-pocket maximum.

\*\* Claims for physicians' reading services will be paid at the Preferred plan rate of 75%.

\*\*\* At retail pharmacy: 30-day supply: 1x co-pay, 60-day supply: 2x co-pay, 90-day supply: 3x co-pay. Through mail order: 90-day supply: 3x co-pay.

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Pre-certification must be completed with American Health Holdings (AHH) (1-800-242-1199) for certain procedures and all inpatient stays; otherwise benefit coverage will decrease by 50% (which does not apply to the out of pocket maximum). It is your responsibility to initiate pre-certification. Team Members must contact AHH at least 72 hours prior to any scheduled admission for a medical condition, mental and nervous disorder, chemical dependency treatment, outpatient surgical procedures performed outside the physician's office, chemotherapy, purchase or rental of durable medical equipment home healthcare, the beginning of hospice care, private duty nursing, and infusion services. In case of an emergency Hospital admission or emergency surgery, AHH must be notified within two working days of admission.

Health Insurance Rates		Bi-weekly	
		TIER 1	TIER 2
Team Member Only	\$87.56	\$85.81*	\$83.18*
Team Member + Child(ren)	\$177.71	\$174.16*	\$168.82*
Team Member + Spouse	\$221.38	\$216.95*	\$210.31*
Family	\$286.76	\$280.92*	\$272.42*
Part-Time Team Member (Team Member Coverage Only)	\$192.71	\$188.86*	\$183.07*

Premiums are pre-tax.

We are pleased to invite you and your covered spouse to participate in the 2021 Health Risk Assessment (HRA), Biometric Analysis (BA), and Tobacco-Free initiatives. These initiatives are in continuation of our Health System's commitment to the health and wellness of its Team Members, their families, and the community. Below is a summary of the indicators and the corresponding incentives.

HEALTH INDICATOR	TIER 1 DISCOUNT	TIER 2 DISCOUNT
Blood Pressure Fasting Total Cholesterol Fasting Total Cholesterol/HDL Fasting Glucose Rate-adjusted BMI	2-3 indicators within normal range*	4-5 indicators within normal range*

\*The total number of health indicators met for each covered life will be averaged to produce a single value per family.

You and your covered spouse will need to complete both the online HRA and BA. The rewards system will be based solely on the results of the BA testing process. In order to avoid a tobacco surcharge of \$30 per person, per pay period (maximum of \$60 per pay period) for 2022, you and your covered spouse will be required to successfully complete the cotinine screening process. For additional information, questions or concerns, please contact the Health Promotion and Wellness department at (912) 466-5160.

## Go to [sghs.extracon.com](https://sghs.extracon.com)

1. Log in as Existing User or for NEW USER SIGN UP enter your Unique Identifier and Last Name. The Unique Identifier is the 18-digit combination of your Member ID Number off of your insurance card and your birthday (starting with the year and including leading zeros before single digits).  
**Example:** If your Member ID Number is 0123456789 and your birthday is July 5, 1975, then your Unique Identifier is 012345678919750705
2. When you login for the first time, the homepage will ask for a Security Question and Answer.
3. From here, you can answer the Health Risk Assessment (HRA) questions.