

# Medical Benefits

**The Regional Health Plan is a self insured plan. The claims administrator is NGS CoreSource.**

For a complete outline of your benefits, please refer to the Regional Health INTRANET site [Employee Hub/Summary Plan Descriptions](#).

## Health Care Reform (HCR) *As applicable to Employer Sponsored Group Health Plans*

The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act, collectively referred to as the Affordable Care Act (ACA), were enacted in March 2010. They provide for a number of changes for group health plans. The Departments of Labor, Health and Human Services and the Treasury have been issuing regulations in several phases to implement the new law.

ACA allows employer sponsored group health plans that were in existence on March 23, 2010 to declare their plan as "Grandfathered." This simply means that some of the mandates of the ACA will not have to be implemented at their due dates, but rather later dates.

Regional Health has determined that the Health Plan offered to its employees is considered a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. When a plan is a grandfathered health plan that means that the plan may not include certain consumer protections of the Affordable Care Act that apply to other plans (see the link listed below for full details). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Regional Health Human Resources (605-719-5510). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**MAXIMUM ANNUAL BENEFIT AMOUNT** .....\$2,000,000

### DEDUCTIBLE, PER PLAN YEAR

Per Covered Person.....\$500      Per Family Unit (two or more).....\$1,000

### MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR

Per Covered Person .....\$1,200 (excluding Deductible)

*The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.*

COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<i>Many Covered Charges may require Pre-certification. <b>Please see the Pre-certification section at the end of this section.</b></i>		
Penalty for not pre-certifying inpatient services	Benefits reduced by 20% after deductible	No benefit
Penalty for not pre-certifying outpatient services	Benefit reduced by 20% after deductible	No benefit
<b>Hospital Services</b>		
Inpatient hospitalization room and board	Covered at 90% after deductible at Regional Health hospital facility or Affiliates  All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Outpatient hospital services including surgery and short stay observation	Covered at 95% after deductible at Regional Health hospital facility or Affiliates  All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Emergency room	Covered at 100% after \$75 copay	Physician and facility charges are covered at 80% after deductible/Inpatient admission included
<i>The Emergency room copayment is waived if the patient is admitted to the Hospital within 24 hours.</i>		
Ambulatory Surgical Center and Specialty Hospital	Covered at 95% after deductible  All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge out of area (greater than 100 mile area radius of Regional Health) after deductible No coverage (within 100 mile area radius of Regional Health)
Skilled Nursing Facility	Covered at 80% after deductible 180 days per illness	Covered at 60% of allowed charge after deductible 180 days per illness
<b>Physician Services</b>		
Inpatient visits	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Outpatient services	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Office visits	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Surgery	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Allergy testing and injections	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible

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	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Ambulance Services</b>		
Emergency Ambulance	Covered at 80% after deductible	Covered at 80% after Network deductible
Air Ambulance	Covered at 80% after deductible	Covered at 80% after Network deductible
Lab or X-ray Services	Covered at 100% deductible waived for services performed at any Regional Health Hospital or Clinic (The Professional Component will be covered at 80% after deductible) All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Sleep Study	Covered at 100% deductible waived for services performed at any Regional Health Hospital or Clinic (The Professional Component will be covered at 80% after deductible) All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Home Health Care / IV Infusion	Covered at 100% after deductible by Regional Health Homecare or Affiliate All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Hospice Care	Covered at 100% after deductible by Regional Health Homecare or Affiliate All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Jaw Joint/TMJ \$1,500 Lifetime maximum	Covered at 80% after deductible	Covered at 80% after Network deductible
Wig After Chemotherapy or Severe Burns	100% after deductible / \$350 Lifetime maximum	100% after deductible / \$350 Lifetime maximum
<b>Therapy Services</b>		
Occupational Therapy	Covered at 100% after deductible for services performed at any Regional Health Hospital or Clinic All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Speech Therapy	Covered at 100% after deductible for services performed at Regional Health Hospital or Clinic All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Physical Therapy	Covered at 100% deductible waived for services performed at Regional Health Hospital or Clinic  Self refer up to 8 visits at Regional Health Hospital or Clinic without needing a pre-authorization  Beyond the 8 visits, a referral from your Physician and pre-authorization is required All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Durable Medical Equipment	Covered at 95% after deductible for services at any Regional Home Medical Equipment Facility  All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Spinal Manipulation Chiropractic \$375 of allowed charges per Plan Year benefit maximum	Covered at 80% after deductible	Covered at 60% of allowed charge after deductible

# Medical Benefits

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Mental Disorders and Substance Abuse</b>		
Inpatient	Covered at 90% after deductible at Regional Health  All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
Outpatient	Covered at 100% deductible and limits waived at any Regional Health Hospital or Clinic All other Network (PPO) providers covered at 80% after deductible	Covered at 60% of allowed charge after deductible
<b>Preventive Care</b>		
Well child exams (Birth to 72 months)	Covered at 100% deductible waived	No benefit
Routine physical exam All covered members, once per Plan Year (Ages 73 months and older)	Covered at 100% after \$25 copayment	No benefit
Child Immunizations (Birth to age 29)	Covered at 100% deductible waived	No benefit
Routine Lab or X-ray Services	Covered at 100% deductible waived for services performed at any Regional Health Hospital or Clinic All other Network (PPO) providers no benefit	No benefit
Pap Smear Screening	Covered at 100% deductible waived	No benefit
Human Papillomavirus (HPV) Testing, when performed in conjunction with the annual pap (one in a plan year)	Covered at 100% deductible waived for services performed at Regional Health Hospital or Clinic. All other Network(PPO) providers covered at 80% deductible waived.	No benefit
Mammography Screening Age 0 to 39 - one baseline Age 39 and over - annually	Covered at 100% deductible waived at Regional Health Hospital or Clinic  All other Network (PPO) providers covered at 80% after deductible	No benefit
Prostrate Specific Antigen (PSA) Screenings (one in a plan year)	Covered at 100% deductible waived	No benefit
Eye Exams	Covered at 100% deductible waived/One service per Plan Year	
<b>Wellness Programs</b>		
Health Promotion & Wellness Screening	One screening provided by Regional Health per Plan Year for all Covered Persons over the age of 18	
Flu Vaccine	Covered at 100% deductible waived for all Covered Persons	
Tobacco Cessation	Covered at 100% deductible waived	

## Exclusions:

Refer to the summary plan description for a complete list of plan exclusions.

**Worker's Compensation.** Services rendered for treatment of any injury or illness that is occupational – that is, arises from work for wage or profit including self employment. This exclusion applies even though the covered individual waives or fails to assert his/her right under the law or expenses resulting from wage or profit. One example of this is if the individual is self-employed and experiences an injury or illness, which arises out of or in the course of that employment, the charges will not be covered by the plan if the self-employed individual elected not to participate in a Worker's Compensation program, as consistent with any applicable State or Federal Law.

# Medical Benefits

## DO I NEED TO GET A PRE-CERTIFICATION? YES!

This plan requires all inpatient admissions to be reviewed prior to your scheduled admission date. "Inpatient admissions" include inpatient hospital admissions, partial hospitalization, hospice, transplants and home health care. Should your admission be due to a need for *urgent care* and pre-certification cannot take place prior to admission, you, your authorized representative, or the hospital must call within 48 hours or the next business day, whichever is later, after admission occurs. Please note that no prior approval is needed if the patient needs medical care that would be considered *urgent care*. This provision also does not apply to childbirth admissions less than 48 hours for vaginal delivery or 96 hours for cesarean delivery, nor does it apply to services rendered/provided outside of the continental United States of America or any U.S. Commonwealth, Territory or Possession.

**To pre-certify call (888) 905-5551**

## WHAT PROCEDURES REQUIRE PRE-CERTIFICATION?

- Air Ambulance Transportation except in emergent circumstances when ground ambulance is not feasible
- DME (Durable Medical Equipment)
- Electroconvulsive Therapy
- Genetic Testing
- Home Health
- Hospice
- Implants (including cochlear) with anticipated charges greater than \$4000
- Infusion Therapy (any IV infusion services performed in a physician's office, Outpatient hospital, home or freestanding infusion treatment center)
- Inpatient Admissions (All), including Mental Illness, Substance Abuse and emergency room admissions - even if the patient is discharged within 48 hours of the admission
- MRI/CT/PET Scans
- Observation Admissions (excluding observation admissions at a Regional Health Hospital)
- Occupational Therapy
- Outpatient Surgical Procedures Requiring a Surgical Suite when performed at Non Network facilities or Non Network provider's office
- Outpatient Surgical Procedures Requiring a Surgical Suite when performed at a Regional Health or Network (PPO) facility or Regional Health/Network (PPO) provider's office for ONLY the following procedures:
  - Abdominoplasty
  - Bariatric surgery
  - Breast reconstruction/breast reduction,
  - Hysterectomy
  - Orthognathic Surgery, bone grafts and surgical management of the Temporomandibular joint (TMJ)
  - Septoplasty
  - Potential Cosmetic Surgeries to ensure medical necessity including, but not limited to, rhinoplasty, blepharoplasty, lipectomy excess skin removal etc.
- Pain Management Services to ensure medical necessity (including, but not limited to, Radiofrequency Ablation Therapy, Epidural Steroid Injections, but excluding cortisone injections)
- Physical Therapy (excluding the 8 self referral visits at a Regional Health Hospital/Clinic)
- RSV Therapy
- Sleep Studies
- Skilled Nursing
- Speech Therapy
- Spinal Cord Stimulators
- Transplant Supplies and Services

# Prescription Drug Benefits

## PHARMACY OPTION (REGIONAL HEALTH PHARMACY)

### Generic drugs

Copayment .....\$4

### Formulary Brand Name drugs

Copayment .....\$20

### Non-Formulary Brand Name drugs

Copayment .....\$40

Oral contraceptives prescribed by a Physician through Express Scripts will be covered at the appropriate copay.

### Diabetic Supplies

(Insulin Pens such as Novopen and BD pen, Insulin syringes with needles, blood glucose test strips, urine glucose test strips, ketone testing strips and tablets, lancets, glucose monitors, & lancet devices)

Coinsurance .....20%

## PHARMACY OPTION (EXPRESS SCRIPTS PARTICIPATING PHARMACIES ONLY)

### Generic drugs

Copayment .....\$14

### Formulary Brand Name drugs

Copayment .....\$27

### Non-Formulary Brand Name drugs

Copayment .....\$47

Oral contraceptives prescribed by a Physician through Express Scripts will be covered at the appropriate copay.

### Diabetic Supplies

(Insulin Pens such as Novopen and BD pen, Insulin syringes with needles, blood glucose test strips, urine glucose test strips, ketone testing strips and tablets, lancets, glucose monitors, & lancet devices)

Coinsurance .....20%

**If a drug is purchased from a Non-Network provider, the Member will be 100% responsible for the charge**

**Note:** Pharmacy will provide Generic instead of Brand on all FDA approved equivalent drugs. If employee or Physician requests Brand, employee must pay the copay and difference of cost. Generic maintenance drugs dispensed for 90-days, if filled at Rapid City Regional Hospital Pharmacy, will be subject to ONLY 2.5 copayments. Maintenance medications filled outside the Rapid City Regional Hospital Pharmacy, a one-time fill at the appropriate copay will be allowed. If a member chooses to fill the same medication again outside of the Rapid City Regional Hospital Pharmacy, the member will be 100% responsible for the charge. This excludes urgent medications, such as antibiotics, acute pain medications and specialty compound prescriptions, which will continue to be fillable at all Express Scripts pharmacies. Pre-certification is required for specialty compound prescriptions. If a drug is purchased from a Non-Network provider, the member will be 100% responsible for the charge.

# Medical Benefits

<b>PRE-TAX RATES PER PAY PERIOD*</b> (24 Pay Periods)				
<b>FULL TIME</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>EE PAID</b>	<b>ER PAID</b>	<b>EE PAID</b>	<b>ER PAID</b>
Employee Only	\$56.00	\$192.50	\$71.00	\$177.50
Employee + spouse	\$121.00	\$376.50	\$136.00	\$361.50
Employee + child(ren)	\$121.00	\$376.50	\$136.00	\$361.50
Family	\$164.00	\$545.00	\$179.00	\$530.00
<b>PART TIME</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>EE PAID</b>	<b>ER PAID</b>	<b>EE PAID</b>	<b>ER PAID</b>
Employee only	\$70.50	\$178.00	\$85.50	\$163.00
Employee + spouse	\$150.00	\$347.50	\$165.00	\$332.50
Employee + child(ren)	\$150.00	\$347.50	\$165.00	\$332.50
Family	\$205.50	\$503.50	\$220.50	\$488.50

- Insurance cards will be sent from NGS CoreSource

## SMOKER VS NON SMOKER RATES

Regional Health offers a discount on premiums to employees and their dependents on the health plan that do not use tobacco. If it is unreasonably difficult due to a medical condition for you to meet the requirements for this discount (or if it is medically inadvisable for you to attempt to meet the requirements for this discount), call the Human Resources Department at your facility and Regional Health will work with you to develop another way to qualify for this discount.