

SDOC HEALTH PLAN DESIGNS - EFFECTIVE 10-1-2020

		Proposed BASE PLAN for 10-1-2020			Proposed BUY UP PLAN for 10-1-2020						
	CURRENT BENEFITS	GOOD	BETTER	BEST	CURRENT BENEFITS	GOOD	BETTER	BEST			
	LOCAL Plus wellness <i>31% of enrollment in PLAN</i>	TIER 3 BENEFITS	TIER 2 ENHANCEMENT Evolutions Relationships	TIER 1 ENHANCEMENT Evolutions Relationships	ENHANCED Local Plus wellness <i>54% of enrollment in PLAN</i>	TIER 3 BENEFITS	TIER 2 ENHANCEMENT Evolutions Relationships	TIER 1 ENHANCEMENT Evolutions Relationships			
IN NETWORK		<i>Same as CURRENT Benefit Design</i>	<i>See MAP in LEGEND for ways of reducing deductible</i>	<i>See MAP in LEGEND for ways of reducing deductible</i>		<i>Same as CURRENT Benefit Design</i>	<i>See MAP in LEGEND for ways of reducing deductible</i>	<i>See MAP in LEGEND for ways of reducing deductible</i>			
DEDUCTIBLE	\$1,250 / \$2,500								\$900 / \$1,800	\$950 / \$1,900	\$600 / \$1,200
CO-INSURANCE	30%								30%	25%	25%
OUT OF POCKET MAXIMUM	\$6,300 / \$12,600								\$4,000 / \$8,000	\$5,700 / \$11,400	\$3,000 / \$6,000
SDOC HEALTH CENTER COPAY	\$0								\$0	\$0	\$0
TELEMEDICINE	\$25								\$0	\$25	\$0
PCP OFFICE VISIT (NON-HEALTH CENTER)	DED/CO-INS								\$40	\$30	\$25
SPECIALIST OFFICE VISIT	DED/CO-INS								\$80	\$60	\$50
EMERGENCY ROOM	DED/CO-INS								DED/CO-INS	DED/CO-INS	DED/CO-INS
URGENT CARE	DED/CO-INS								DED/CO-INS	\$100	DED/CO-INS
LABWORK - DONE AT INDEPENDENT LAB	30%; NO DED.								30%; NO DED.	25%; NO DED.	25%; NO DED.
LABWORK - ALL OTHER FACILITIES	DED / CO-INS								DED / CO-INS	DED / CO-INS	DED / CO-INS
ADVANCED IMAGING	DED/CO-INS								DED / CO-INS	DED/CO-INS	DED/CO-INS
ADVANCED IMAGING THROUGH GREEN IMAGING	DED/CO-INS								\$0	DED/CO-INS	\$0
Prescription Drug Benefit		Non- Preferred Pharmacy	Preferred Pharmacy <i>(see legend)</i>			Non-Preferred Pharmacy	Preferred Pharmacy <i>(see legend)</i>				
DEDUCTIBLE (waived for preferred generics)	\$300 waived for generics	\$300 waived for preferred generics	No Deductible		\$75 waived for preferred generic	\$75 waived for preferred generics	No Deductible				
GENERICS OBTAINED AT SDOC HEALTH CENTER	\$0	\$0	\$0		\$0	\$0	\$0				
PREFERRED GENERIC	\$10	\$10	\$6		\$10	\$10	\$5				
PREFERRED BRAND	20% up to \$75	20% up to \$75	\$45		20% up to \$50	20% up to \$50	\$ 40				
NON-PREFERRED BRAND	50% UP TO \$200	50% UP TO \$200	50% up to \$150		50% UP TO \$150	50% UP TO \$150	50% up to \$125				
SPECIALTY	75% UP TO \$250	Preferred Pharmacy Only	50% up to \$200		75% UP TO \$200	75% UP TO \$200	50% up to \$200				
International Program with ElectRx			\$0				\$0				
OUT OF NETWORK		<i>For care outside of Evolutions Relationship, current "In Network" benefits apply</i>	<i>Evolutions Relationship of providers - Tier 1 Providers and Tier 2 Providers</i>			<i>For care outside of Evolutions Relationship, current "In Network" benefits apply</i>	<i>Evolutions Relationship of providers - Tier 1 Providers and Tier 2 Providers</i>				
DEDUCTIBLE	N/A										
CO-INSURANCE	N/A										
OUT OF POCKET MAXIMUM	N/A										
	Wellness	Wellness			Wellness	Wellness					
Employee Only	\$0	\$0			\$25	\$25					
Employee + Spouse	\$325	\$325			\$385	\$385					
Employee + Children	\$152	\$152			\$195	\$195					
Employee + Family	\$452	\$452			\$530	\$530					
Half Family Primary	\$20	\$20			\$170	\$170					
Half Family Secondary	\$0	\$0			\$0	\$0					
Each Adult Dep child age 26-30	\$325	\$325			\$385	\$385					
	Non Wellness	Non Wellness			Non-Wellness	Non Wellness					
Employee Only	\$25	\$25			\$50	\$50					
Employee + Spouse	\$375	\$375			\$435	\$435					
Employee + Children	\$202	\$202			\$245	\$245					
Employee + Family	\$502	\$502			\$580	\$580					
Half Family Primary	\$50	\$50			\$220	\$220					
Half Family Secondary	\$0	\$0			\$0	\$0					
Each Adult Dep child age 26-30	\$375	\$375			\$435	\$435					

LEGEND - ADDITIONAL INFO

EVOLUTIONS Health Care Systems has built custom relationships for SDOC with providers and facilities. These relationships will continue to grow. The MAIN hospitals for Evolutions are ALL of the hospitals in the Orlando Health System and St Cloud Regional

Medical Advocacy Program (MAP): As a service to our members, we offer a nurse concierge service to assist in finding the HIGHEST QUALITY, COST EFFECTIVE, in the BEST TIER available. While this service is available for any claims, it is particularly important in choosing the best facility for any planned procedure.

How the "MAP" plan works for planned procedures and services that require pre-certification:

Member calls MAP and follows their advice:	Deductible is waived
Member calls MAP and does NOT follow MAP advice:	Plan pays usual benefits
Member does not call MAP:	Plan pays usual benefits

Direct Cash Pay Program for Tier 2 and Tier 3 Claims:

When a member calls MAP for assistance with a pre-planned procedure, the counselor will reach out to the facility to try and negotiate a "cash up front" Arrangement in order to secure the best price.

Prescription Drug Benefits: Developing a Tiered Pharmacy Benefit to promote using local / independent pharmacies and retail stores for prescription drugs as they are much more cost effective to the plan. The preferred pharmacies would include Publix, Costco, Walmart and Walmart family of stores (Sam's, Neighborhood Market). Non-preferred would be the chain pharmacies, ie CVS, Walgreens, Rite-Aid.