

Retiree City Group Health Plan

City of Savannah Medical Plan

The City of Savannah's Plan is a self-funded group health plan. The claims administration is provided through UMR and Quantum Health provides the coordination of benefits. The primary Preferred Provider Organization (PPO) Network for the City of Savannah is the Care Network which utilizes the St. Joseph's / Candler Clinics and Hospitals.



Contact Information

Medical Plan Coordinated by:	Quantum Health
PPO Network:	The Care Network
Care Coordinators:	1-866-360-7926
Quantum Health Member Portal:	www.cityofsavannahhealthplan.com
Medical Claims Address:	The Care Network Repricing PO Box 788 Arnold, MD 21012

Care Coordinators

Healthcare can be confusing; your Care Coordinators are here to make it easier. Turn to your care coordinators for help with:

- Benefits
- Claim Questions
- In-Network Provider Assistance
- Patient Advocacy
- Nurse Support
- Anything that can make the healthcare process easier

Members may contact a Quantum Health Care Coordinator Monday - Friday from 8:30 AM to 10:00 PM to help with any questions you might have about your benefits. Care Coordinators can also help you find a provider, order a new ID card, and even transfer you to a nurse for questions about your treatment plan. You can also visit the Quantum Health member portal or

download the MyQHealth app get access to your health plan benefits and personal healthcare information!

Medical Plan Benefits at a Glance

The City offers two medical plan options to meet your individual needs. Both plans include free preventive care services (with in-network providers only) and a four-tier prescription drug plan.

Medical Benefits	Basic Option		Plus Option	
	In Network	Out of Network	In Network	Out of Network
Deductible				
One Person	\$1,300	\$2,600	\$500	\$1,000
Two People	\$2,600	\$5,200	\$1,000	\$2,000
Family	\$3,900	\$7,800	\$1,500	\$3,000
Maximum Out of Pocket				
One Person	\$3,400	No Maximum Amount	\$2,200	No Maximum Amount
Two People	\$6,800		\$4,400	
Family	\$10,200		\$6,600	
Coinsurance (employee/employer)	20%/80%	50%/50%	20%/80%	50%/50%
Physician Copay				
Primary Care Physician	\$20	50% after deductible	\$15	50% after deductible
Specialist w/ PCP referral	\$35		\$20	
Specialist w/o PCP referral	\$75		\$50	
Urgent Care	\$20 co-pay	50% after deductible	\$15 co-pay	50% after deductible
Emergency Room	20% after deductible and \$200 co-pay	20% after deductible and \$200 co-pay	20% after deductible and \$200 co-pay	20% after deductible and \$200 co-pay

For detailed medical plan benefits, please view the [2021 Schedule of Benefits and Medical Plan Document](#) (hyperlink to PDFs)

Retiree City Group Medical Plan – 2021 Monthly Rates

Basic Plan		Plus Plan	
Coverage Level	Monthly	Coverage Level	Monthly
Retiree or Spouse	\$213.57	Retiree or Spouse	\$300.01
Retiree and Spouse	\$427.13	Retiree and Spouse	\$600.02
Retiree Child Only (per child)	\$ 85.35	Retiree Child Only (per child)	\$120.16
Family	\$512.87	Family	\$720.19
Retiree and Child	\$298.92	Retiree and Child	\$420.18
Spouse and Child	\$298.92	Spouse and Child	\$420.18

Prescription Drug Coverage

Express Scripts is the City of Savannah pharmacy drug provider; you mail fill your prescriptions at most pharmacies (Wal-Mart, Kroger, CVS, Walgreens, etc.) Your [formulary \(will hyperlink to formulary list\)](#) offers a wide selection of clinically-sound, cost-effective generic and brand-name prescription drugs. The program includes a retail prescription plan and mail order for maintenance medications. At network pharmacies, your co-payment is determined by the tier on which the prescription is placed (Tier I, Tier I or Tier III). Tier IV is for Specialty drugs.

Prescription Drug Copay	30-day supply	90-day supply thru Mail Order or CVS retail
Tier I Drug	\$5.00 copay	\$10.00 copay
Tier II Drug	\$25.00 copay	\$50.00 copay
Tier III Drug	\$50.00 copay	\$125.00 copay
Tier IV Drug	\$75.00 copay	N/A

Save on Prescriptions

If you take maintenance medications, you may order a 90-day supply through Express Scripts mail order service or at any CVS Retail Pharmacy and save money. By using mail order or 90-day at retail for maintenance medications, you can receive a 90-day supply at reduced co-pay



Manage Your Medicines Anywhere, Any Time with Express-Scripts.Com and The Express Scripts Mobile App.

More savings: Compare prices of medicines at multiple pharmacies. Get free standard shipping from the Express Scripts Pharmacy.

More convenience: Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

More confidence: Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

More flexibility: Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and use your virtual ID card while on the go.

Registering is safe and simple. Your information is secure and confidential. Go to express-scripts.com, select Register or download the Express Scripts mobile app for free from your mobile device's app store and select Register.

In-Network Urgent Care Centers

Urgent care clinics are well-prepared to handle a wide array of pressing, but not life-threatening, health issues. St. Joseph/Candler Urgent Care Centers, from Georgia Emergency Associates is your in-network urgent care provider. The centers provide numerous services which includes stitches, X-rays, lab work, splinting, casts, shots, and assist with diagnosing colds, infections, allergic reactions, asthma and more. Urgent care co-pays are \$15.00 (Plus Plan) or \$20.00 (Basic Plan).

If you or your dependent are not experiencing a medical emergency, consider visiting a St. Joseph's/Candler Urgent Care Center. For your convenience, most centers are open on evenings and weekends and now offer virtual visits. To find a location near you or to schedule a virtual visit, go to <https://sjcurgentcare.com/>

Dental Plan

The City of Savannah's Dental Plan is available through MetLife. Your dental benefits are an important part of managing your health and your budget. We offer two plan options through MetLife, Basic and Plus. The MetLife Dental network is PDP Plus, which is a Preferred Provider Organization, wherein you choose a provider at the time of treatment. You do not have to pre-select a primary dentist nor do you need an ID card or referrals for specialty care. You can visit any licensed dentist, in or out of network. Keep in mind that you'll pay less if you use an in-network dentist.



MetLife

Contact Information

Dental Plan Coordinated by:	MetLife
Customer Service:	1-800-942-0854
Member Portal:	http://www.metlife.com/mybenefits
Find a Dental Provider:	http://www.metlife.com/mybenefits
MetLife Dental Claims Address:	P.O. Box 981282 El Paso, TX 79998

Dental Plan Benefits at a Glance

Basic Option Summary			Plus Option Summary		
TYPE A Services covered at 100% (Deductible			TYPE A Services covered at 100% (Deductible Waived)		
Exams	Fluoride Treatments	Sealants	Exams	Fluoride Treatments	Sealants
X-Rays	Palliative Treatments		X-Rays	Palliative Treatments	
Cleanings	Space Maintainers		Cleanings	Space Maintainers	
Labs and Other Tests			Labs and Other Tests		
TYPE B Service covered at 60%			TYPE B Services covered at 80%		
Amalgam and Resin Composite Fillings			Amalgam and Resin Composite Fillings		
Pulpotomy			Pulpotomy, Pulp Capping and Pulp Therapy		
Pulp Capping			Root Canal		
Pulp Therapy			Simple Extractions; Surgical Extractions; Other Oral Surgery		
Oral Surgery - Simple Extractions			General Services		
Repairs of Crowns, Inlays, On lays, Bridges and			Periodontal Surgery – including soft and connective tissue grafts		
General Services			Scaling and Root Planing		
			Periodontics – non surgical		
			General Anesthesia		
			Consultations		
			Repairs of Crowns, Inlays, On lays, Bridges, and Dentures		
			Apexification and Recalcification		
			Periodontal maintenance		
TYPE C Services covered at 25%			TYPE C Services covered at 50%		
Inlays, On lays; Crowns; Dentures			Inlays, On lays; Crowns; Dentures		
Denture – Rebases/Relines; Adjustments; Fixed			Denture – Rebases/Relines		
Prefabricated Crowns; Crown Buildups and Post Core			Denture Adjustments		
Oral Surgery – Surgical Extractions			Fixed Bridges		
Consultations			Tissue Conditioning		
Root Canal			Prefabricated Crowns		
Periodontal Surgery; Periodontics – Non-Surgical			Crown Buildups and Post Core		
Scaling and Root Planing			Recementations		
Tissue Conditioning					
General Anesthesia					
Occlusal Adjustments					
Orthodontic To age 19 or 23 if full-time student			Orthodontics Not Covered		
Diagnostic, Active Retention Treatment			N/A		
Deductibles and Maximums			Deductibles and Maximums		
Annual Deductibles: \$50 per person			Annual Deductibles: \$50 per person		
\$150 per family aggregate			\$150 per family aggregate		
Annual Maximum (per person) \$1,000			Annual Maximum (per person) \$1,000		
Orthodontia Lifetime Maximum (per person) \$1,000					

Out of Network services – negotiated fee schedule – Maximum Allowable Charge	Out of Network services are paid at Reasonable and Customary at the 90th percentile
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For detailed Dental plan information, please view the [2021 MetLife Dental Plan Summary \(hyperlink\)](#)

Retiree City Group Dental Plan – 2021 Monthly Rates

- **Group# 0212548**

Basic Plan		Plus Plan	
Coverage Level	Monthly	Coverage Level	Monthly
Retiree	\$17.37	Retiree	\$29.64
Retiree and Spouse	\$32.06	Retiree and Spouse	\$50.79
Family	\$58.50	Family	\$74.44

FAQ: - (collapsible with only the question showing and once clicked it reveals the answer)

How Do I Get a Replacement ID Card?

Call the Care Coordinators at 1-866-360-7926 or visit your member portal at www.cityofsavannahhealthplan.com.

Why Did I Receive this Bill?

All members and dependents will receive an Explanation of Benefits (EOB) from UMR for the processing of all medical claims or you may access on www.cityofsavannahhealthplan.com. Review all EOBs before paying a bill from a provider to ensure the claim has been processed with the insurance. Review the bottom of the EOB as you may need to verify with a Care Coordinator that you do not have secondary insurance. If you need assistance or have a question about a claim, contact the Care Coordinators at 1-866-360-7926.

Why does my Prescription Require a Pre-Authorization?

Prescriptions for certain medications require a prior authorization, also known as a coverage review, to ensure the drug is safe, clinically appropriate and cost effective for your condition.

The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medicines. If your prescription requires a prior authorization, your doctor must submit a request for coverage review for approval