

**THE CITY OF SAVANNAH
EMPLOYEE GROUP MEDICAL PLAN - PHCS
AMENDMENT #5 TO THE
JANUARY 1, 2022 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: JANUARY 1, 2024**

This Plan is amended to include the following updates: update prescription drug Out-of-Pocket Maximums and remove GoStrong Retail Card Program/Pharmacy; update benefits for bariatric surgery, diagnostic colonoscopy, preventive and diagnostic mammogram (to include 3D), diabetes self-management training/education, diagnostic hearing exam, diagnostic imaging, family planning for men, hearing aids, voluntary sterilization for men, fitness reimbursement and weight loss reimbursement. In addition, the Plan is also amended to revise contact information pertaining to Precertification, Case Management Services, Benefit Inquiries and Claim appeals under this Plan as administered by Quantum Health; any reference to GoStrong is replaced with Comprehensive Diabetes Management Program; any reference to Weigh To GO is replaced with Weight Management. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

SECTION II. GENERAL INFORMATION:

The Case Management Services contact information is hereby updated as follows:

Case Management Services:	Quantum Health 5240 Blazer Pkwy Dublin, OH 43017 (866) 360-9065 www.CityofSavannahHealthPlan.com
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SECTION IV. SCHEDULE OF MEDICAL BENEFITS:

BASIC OPTION 2 AND PLUS OPTION 2 PLANS

- The Prescription Drug Benefit is hereby deleted and replaced as follows:

PRESCRIPTION DRUG BENEFIT – ADMINISTERED BY MAXORPLUS	
<p>Prescription Drug Expense & Mail Order Option</p> <p>Step Therapy: Certain prescription drug products are subject to step therapy requirements. In order to receive benefits for such prescription drug products or pharmaceutical products, Covered Persons may be required to use a different prescription drug product(s) or pharmaceutical product(s) first.</p> <p>To determine whether a particular prescription drug product or pharmaceutical product is subject to step therapy requirements, call Member Customer Care at the telephone number on your ID card.</p>	<p><u>Retail Card Program – You Pay:</u> (Up to a 30 day supply) \$5 Co-payment per generic drug \$25 Co-payment per preferred brand name drug \$50 Co-payment per non-preferred brand name drug \$75 Co-payment per specialty drug</p> <p><u>Retail Card Pharmacy – You Pay:</u> (Up to a 90 day supply) \$10 Co-payment per generic drug \$50 Co-payment per preferred brand name drug \$125 Co-payment per non-preferred brand name drug</p>

PRESCRIPTION DRUG BENEFIT – ADMINISTERED BY MAXORPLUS	
<p>Prescription Drug Expense & Mail Order Option</p> <p>Substitution of a generic equivalent medication is required; if a Covered Person requests the brand name medication be filled, the Covered Person pays the difference between the brand and generic drug when a generic drug is available. The difference in cost does not apply toward the Prescription Drug Calendar Year Out-of-Pocket Maximum.</p> <p>Covered Persons with diabetes can earn reduced Co-payments for diabetic medications and testing supplies by complying with Quantum Health Chronic Condition Management guidelines; <i>see</i> Complex Case Management/Alternate Treatment Coverage <i>for additional information.</i></p>	<p>Mail Order Pharmacy – You Pay: (Up to a 90 day supply) \$10 Co-payment per generic drug; \$50 Co-payment per preferred brand name drug; \$125 Co-payment per non-preferred brand name drug</p> <p><u>Note:</u> Prescription drug Co-payments accumulate toward the prescription drug Out-of-Pocket Maximums. Once the prescription drug Out-of-Pocket Maximums have been met, prescription drugs are covered at 100% for the balance of the Calendar Year.</p> <p>U.S. Food and Drug Administration (FDA) approved contraceptive medications and devices are covered at 100%</p> <p>Tobacco cessations products are covered at 100%.</p>
<p>Retail Card/Mail Order Pharmacy Calendar Year Out-of-Pocket Maximums:</p> <p>(Includes all applicable prescription drug Co-payments)</p>	<p>\$3,450 per person; \$6,900 per two person; \$6,900 per family</p>

- The following services are hereby **deleted** and **replaced** in their entirety with the following:

PREVENTIVE CARE	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p>The preventive care services marked below with ** are provided according to the terms prescribed by the regulations issued under the Patient Protection and Affordable Care Act of 2010, as may be amended from time to time. Please see the Medical Benefits section for additional details about the preventive coverage provided.</p>		
<p>Out-of-Network Providers will be paid at In-Network Provider levels, subject to the Qualifying Payment Amount, for emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services rendered to a Covered Person on an inpatient or outpatient basis in an In-Network Hospital or facility, provided the Covered Person has not validly waived the applicability of the NSA.</p>		
<p>** Breast Cancer Screening including Routine Mammograms and BRCA testing (Including 3D mammograms)</p> <p>Up to one (1) per person, per Calendar Year</p>	<p>100% (Deductible waived)</p>	<p>Not Covered</p>

HOSPITAL SERVICES – OUTPATIENT	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Case Management Services and Precertification are administered by Quantum Health – Providers should contact Quantum Health at 866-360-9065 regarding precertification requirements. Failure to obtain precertification will result in a \$500 reduction in benefits.		
Out-of-Network Providers will be paid at In-Network Provider levels, subject to the Qualifying Payment Amount, for emergency services rendered for “Emergency Care” as defined in the section titled “Definitions”; and Out-of-Network Providers will be paid at In-Network Provider levels, subject to the Qualifying Payment Amount, for emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services rendered to a Covered Person on an inpatient or outpatient basis in an In-Network Hospital or facility, provided the Covered Person has not validly waived the applicability of the NSA.		
Outpatient Surgery in Hospital, Ambulatory Surgical Center, etc.	80% (after Deductible) Diagnostic colonoscopies for Covered Persons with personal or family history of colon cancer (including removal of polyps during the procedure):100% (Deductible waived), up to one (1) procedure per Person, per Calendar Year with no cost sharing; subsequent diagnostic colonoscopies are subject to cost sharing shown above	50% Allowed Amount (after Deductible)

OTHER SERVICES & SUPPLIES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Case Management Services and Precertification are administered by Quantum Health – Providers should contact Quantum Health at 866-360-9065 regarding precertification requirements. Failure to obtain precertification will result in a \$500 reduction in benefits.		
Out-of-Network Providers will be paid at In-Network Provider levels, subject to the Qualifying Payment Amount, for emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services rendered to a Covered Person on an inpatient or outpatient basis in an In-Network Hospital or facility, provided the Covered Person has not validly waived the applicability of the NSA.		
Bariatric Surgery <i>(Precertification for Medical Necessity required; see Medical Benefits section for other limitations)</i> Up to one (1)* surgical procedures per person, per lifetime	<u>Mayo Clinic of Jacksonville:</u> 80% (after Deductible) <u>All Other Providers, contact Quantum:</u> \$500 Co-payment per admission, then 80% (after Deductible)	\$500 Co-payment per admission, then 50% Allowed Amount (after Deductible)
Diabetes Self-Management Training and Education and/or Nutritional Counseling (Comprehensive Diabetes Management Program; contact Quantum Health for details)	<u>St. Joseph’s/Candler Center:</u> 100% (Deductible waived) <u>All Other Providers:</u> Not Covered	Not Covered Not Covered
Diagnostic Hearing Exam	80% (Deductible waived)	50% Allowed Amount (after Deductible)

OTHER SERVICES & SUPPLIES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p>Case Management Services and Precertification are administered by Quantum Health – Providers should contact Quantum Health at 866-360-9065 regarding precertification requirements. Failure to obtain precertification will result in a \$500 reduction in benefits.</p>		
<p>Out-of-Network Providers will be paid at In-Network Provider levels, subject to the Qualifying Payment Amount, for emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services rendered to a Covered Person on an inpatient or outpatient basis in an In-Network Hospital or facility, provided the Covered Person has not validly waived the applicability of the NSA.</p>		
<p>Diagnostic Imaging (MRI, MRA, PET and PET-CT Scans)</p> <p>(Stand-alone CT Scan – precertification not required)</p>	<p>80% (after Deductible)</p> <p><u>Diagnostic mammogram (including 3D) for Covered Persons with personal or family history of breast cancer: 100% (Deductible waived), up to one (1) test per Person, per Calendar Year with no cost sharing; subsequent diagnostic mammograms are subject to cost sharing shown above</u></p>	<p>50% Allowed Amount (after Deductible)</p>
<p>Family Planning (Including but not limited to consultations and diagnostic tests)</p> <p>For Women (See also Prescription Drug Benefit and Preventive Care Section)</p> <p>For Men</p>	<p>100% (Deductible waived)</p> <p>100% (Deductible waived)</p>	<p>Not Covered</p> <p>Not Covered</p>
<p>Hearing Aids</p> <p>Up to one (1)* set per Person, every 5 years</p>	<p><u>Device:</u> 80% (after Deductible)</p> <p><u>Repairs:</u> 100% (after Deductible), up to a maximum of \$1,000 every 5 years</p>	<p><u>Device:</u> 50% Allowed Amount (after Deductible)</p> <p><u>Repairs:</u> 100% (after Deductible), up to a maximum of \$1,000 every 5 years</p>
<p>Voluntary Sterilization</p> <p>For Women</p> <p>For Men</p>	<p>100% (Deductible waived)</p> <p>100% (Deductible waived)</p>	<p>Not Covered</p> <p>Not Covered</p>

*These maximums are combined In-Network and Out-of-Network maximums.

- D. Covered Services, (10) Other Services and Supplies:**

- (r) The Covered Service related to **hearing aids** is hereby **deleted and replaced** in its entirety with the following:
Hearing aids

SECTION XV. CLAIMS AND APPEALS PROCEDURES AND STATEMENT OF RIGHTS:

- **C. When and How to File a Claim, (2)** is hereby deleted and replaced in its entirety with the following:

How a claim may be filed depends on the type of claim:

- (2) *Non-Urgent Care and Pre-Service Claims...*
 - Electronically
 - Hand delivery
 - Facsimile (FAX): 877-498-3681
 - US Mail:
Health Care Coordinators
Quantum Health - Appeals Department
5240 Blazer Parkway
Dublin, OH 43017
(866) 360-7926

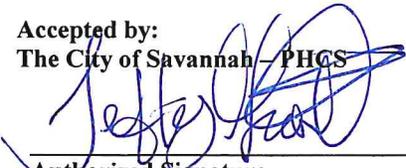
- **F. Internal Appeals and External Review of Denied Claims, (3) How and Where to Submit Appeals** is hereby deleted and replaced in its entirety with the following:

- (3) *How and Where to Submit Appeals*

Urgent Care Claim, Non-Urgent Care Claim and Post-Service Claim appeals or requests for external review may be submitted to the PAE or the Prescription Benefit Manager using one of the following methods:

Medical Appeals	
Quantum Health Care Coordinators Appeals Department 5240 Blazer Pkwy Dublin, OH 43017 Phone #: (866) 360-7926	Method: <ul style="list-style-type: none"> ▪ Telephone ▪ U.S. Mail ▪ Hand delivery ▪ Facsimile (FAX): (877) 498-3681
Prescription Inquiries/Prior Authorization/Appeals	
Covered Persons should contact the Prescription Benefit Manager directly at the telephone number listed on his/her ID card for directions on submitting appeals.	

Accepted by:
The City of Savannah - PHCS



Authorized Signature

Jeffery Grant

Print Name

Human Resources Director

Title

08/09/2024

Date