Appendix A: MMCP Schedule of Benefits

Excerpt from 2023 Memorial Healthcare System Employee Healthcare Program Plan Document

Benefit/Service	Member Copayment	Limits/Maximums/Requirements
CALENDAR YEAR ANNUAL DEDUCTIBLE		
Individual Family	$100 $300	
Professional Services Primary Care Office Visit Specialty Physician Visit	 $20 copay per visit $30 copay per visit	 Each member must select a PCP
Hospital Services Inpatient/Observation Admission Outpatient Surgery @ Hospital or Ambulatory Surgery center	 $150 copay/day for up to 5 days $250 copay per visit	
Laboratory & X-Ray Services Radiologic Testing outpatient (X-ray) Diagnostic Lab Advanced Imaging (MRI, CT/PET/SPECT Scans)	 $50 copay Covered in full $100 copay per test type	 MRI, CT/PET scans require prior authorization
Maternity & Family Planning Pre-Natal/Post-Partum Care Hospital Delivery Newborn Nursery Labor Checks Infertility Testing Infertility Services Voluntary Sterilization Inpatient Outpatient Elective Termination of Pregnancy	 Covered in full after $150 global delivery fee $0 copay Covered in full if stay with mother. If the baby stays, subject to inpatient copay $50 copay at MHS (waived if admitted) $75 copay at non-MHS facility (waived if admitted) $50 copay per visit 20% coinsurance Inpatient copay applies Covered in full $100 copay	 No authorization required for initial visit Limited to 1 sequence per lifetime Limited to 1 Progyny Smart Cycle per lifetime
Rehabilitation Services Inpatient Rehabilitation Outpatient Rehabilitation (includes PT/OT/ST) Cardiac Rehabilitation	 $150 copay/day for up to 5 days $20 copay per day Covered in full	 Limited to 60 visits per calendar year (combined modalities) Limited to 36 visits per episode

Benefit/Service	Member Copayment	Limits/Maximums/Requirements
Wigs and Compression Sleeves	Medically necessary compression sleeves will be covered Wigs for hair loss related to a medical condition are covered up to a lifetime maximum of $750	
Mental Disorder Services Outpatient Inpatient	 $20 copay per visit Inpatient copay applies	
Substance Use Disorders Withdrawal Treatment (detox) Inpatient Treatment Program Outpatient Counseling	 Covered in full Inpatient copay applies $20 copay per visit	
Emergency Care Services ER visit • CVS Minute Clinic/ Walgreens • Memorial Primary Care • Holy Cross Urgent Care Centers • MHS Urgent Care Centers • Memorial Pembroke 24/7 Care Center (Douglas Rd) • MDNOW Urgent Care • Selected Broward Health locations	 $150 copay Copays waived if admitted $20 copay $20 copay $20 copay $20 copay $50 copay $75 copay $75 copay	 All
Ambulance Services	$50 copay	Emergent situations only air and ground
DME/Prosthetics and Orthotics	Covered in full	
Skilled Nursing Facility Services	Covered in full	45 days per calendar year
Dental Care Services	Copays apply in accordance with service rendered	Oral surgery covered in limited circumstances
Home Health Services	$15 copay per day	Maximum 60 visits per calendar year
Health Maintenance and Preventive Services Annual Routine Physical Annual Well Child Visit Annual Gynecological Well Woman Exam Baseline/Annual Mammography Immunizations and Vaccinations Only – no Office visit Health Education/Counseling	 Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full	 PCP or OB/GYN

Benefit/Service	Member Copayment		Limits/Maximums/Requirements
Allergy Care Services Testing Allergy injection Serum	 $50 copay per visit $20 copay Covered in full		
Hospice Care Services	Covered in full		Life expectancy of <6 months. Coverage is limited to $10,000 maximum benefit.
Transplant Services	Inpatient copay applies Copays apply in accordance with service rendered		
Chiropractic Services Acupuncture	$40 copay $40 copay		Initial visit without authorization, ongoing visits require authorization 60 visit maximum.
Hearing Aids	Member responsible for balance of charge		Each hearing aid device is limited to once every 36 months to a maximum benefit of $2,500
Pharmacy - Retail **Tier 1** **Tier 2** **Tier 3** **Pharmacy – Mail Order** **Tier 1** **Tier 2** **Tier 3**	30 day retail supply $10 copay $35 copay 40% ($50 minimum, $150 maximum) 90 day mail order supply $20 copay $70 copay 40% ($70 minimum, $210 maximum)	90 day retail supply $20 copay $70 copay 40% ($150 minimum, $210 maximum)	Important note: In the event a Tier 1 equivalent medication is available the member will be responsible for a co-pay of 40% (a minimum $50 and a maximum of $150) plus the cost difference between the Tier 1 equivalent and the Tier 3 medication. *****One copay per month (3 copays) will apply for 90 day retail prescriptions outside of the First Choice network
Pharmacy – MHS Pharmacies **Tier 1** **Tier 2** **Tier 3**	30 day supply $10 copay $20 copay 40% ($35 minimum, $135 maximum)	90 day supply $20 copay $55 copay 40% ($55 minimum, $195 maximum)	
Specialty Drugs (Only covered at MHS pharmacies and the CRx Specialty Pharmacy.)	40% ($150 minimum, $300 maximum)		
ANNUAL OUT-OF-POCKET MAXIMUM (includes deductible) Individual Family	 $4,000 $8,000		

PHYSICIANS MUST BE PARTICIPATING WITH MEMORIAL MANAGED CARE, UNLESS OTHERWISE AUTHORIZED

Excerpt from 2023 Memorial Healthcare System Employee Healthcare Program Plan Document

Appendix B: MCHP Schedule of Benefits

	MEMBER COST SHARE		
	MHS PROVIDERS		**NON-MHS PROVIDERS**
CALENDAR YEAR ANNUAL DEDUCTIBLE			
Individual Family	$1,000 $2,000		$4,000 $8,000
PREVENTIVE MEDICAL CARE			
Immunizations/Vaccinations	Covered in full		0%
Well Child Care	Covered in full		0% to $150 maximum then deductible and 40%
Routine OB/GYN Exam (including Routine pap smears) Maximum Benefits: One Exam Per 12-Month Period	Covered in full		
Routine Care Maximum Benefit: One Exam Per Calendar Year	Covered in full		
Routine Mammograms	Covered in full		
NON-PREVENTIVE MEDICAL CARE			
Includes physician, hospital, home health, mental health, outpatient surgery, hospice, durable medical equipment, skilled nursing facility, and hearing (except for services subject to copays noted below); see limits below.	Deductible and 20% coinsurance		Deductible and 40% coinsurance
Infertility Services	Deductible & 20% coinsurance Limited to 1 Progyny Smart Cycle		Not Covered
Emergency Room	Deductible & 20% coinsurance		Deductible & 20% coinsurance
Outpatient Therapies (PT/OT/ST) Chiropractic Acupuncture	Deductible and 20% coinsurance $40 copay $40 copay		**NOT COVERED**
Outpatient Mental Health	$20 copay		Deductible and 40% coinsurance
Anesthesia	Covered in full		Deductible and 40% coinsurance
PHARMACY			
Pharmacy - Retail **Tier 1** **Tier 2** **Tier 3** **Pharmacy – Mail Order** **Tier 1** **Tier 2** **Tier 3**	30 day retail supply $10 copay $35 copay 40% ($50 minimum, $150 maximum) 90 day mail order supply $20 copay $70 copay	90 day retail supply $20 copay $70 copay 40% ($150 minimum, $210 maximum)	Important note: In the event a Tier 1 equivalent medication is available the member will be responsible for a co-pay of 40% (a minimum $50 and a maximum of $150) plus the cost difference between the Tier 1 equivalent and the Tier 3 medication. ***One copay per month (3 copays) will apply for 90 day

	40% ($70 minimum, $210 maximum)		retail prescriptions outside of the First Choice network
Pharmacy – MHS Pharmacies **Tier 1** **Tier 2** **Tier 3**	30 day supply $10 copay $20 copay 40% ($35 minimum, $135 maximum)	90 day supply $20 copay $55 copay 40% ($55 minimum, $195 maximum)	
Specialty Drugs (Only covered at MHS pharmacies and the CRx Specialty Pharmacy.)	40% ($150 minimum $300 maximum)		**NOT COVERED**
ANNUAL OUT-OF-POCKET MAXIMUM (**includes deductible)** Individual Family Wigs and Compression Sleeves	 $4,000 $8,000 Medically necessary compression sleeves will be covered Wigs for hair loss related to a medical condition are covered up to a lifetime maximum of $750		 $10,000 $20,000

- Note: Inpatient visits at MHS facilities will be paid at the In-network level of benefits.
- After each family member meets his or her individual annual deductible, the plan will pay his or her claims, less any coinsurance amount. After the family annual deductible has been met, each individual's claims will be paid by the plan, less any coinsurance amount.
- Annual deductibles are included in the out of pocket maximum.