



CHARTER HEALTH PLAN

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# ACTIVE PARTNERS WORKSHOP

**Plan sponsored by: Sarasota Memorial Health Care System**



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## **What is the Charter Health Plan?**

**A Comprehensive Major Medical Health Plan sponsored by Sarasota Memorial Health Care System. The plan offers affordable health insurance to Employers located in the Community that previously had not been able to provide for their employees.**



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# You Are Special

**The Charter Health Plan requires that your employer take an active interest in you. The plan requires that your employer contributes at least 50% of the employee premium.**

**The Charter Health Plan is sponsored by the Sarasota Memorial Health Care System.**



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# **BENEFITS & COVERAGE PLAN** **DOCUMENTS (SPD)**

Privacy Practices Page 36

## What is a PCP?

- A PCP is your Primary Care Provider, a physician who specializes in one of the following: Family Practice, Internal Medicine, Internal Medicine/Pediatrics, or Pediatrics. Your PCP is responsible for managing your care.
- When you completed your Charter Health Plan employee application, you were asked to choose a PCP from the Charter Health Plan Provider Directory (a list of all physicians in the Charter Health Plan network). If you did not choose a PCP at the time of enrollment, one will be chosen for you.
- **You should see your PCP as soon as possible once you are enrolled in the Charter Health Plan. This is to help your PCP establish a baseline of your health for future reference.** When calling your PCP's office, **always** identify yourself as a ***Charter Health Plan member***.





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## Summary of Your Medical Benefits as a Charter Health Plan Member

### Doctor's Care

- **Wellness Services and Well Child Visits** for you and your family are covered at 100%, up to \$300 annual maximum per each family member, per year. Females may use this benefit for annual gynecological visits (*no referral required*).
- You can visit your primary care physician up to 4 times per year for \$20.00 (**co-pay**) per visit before the deductible and coinsurance applies.

[www.smhcharterplan.com](http://www.smhcharterplan.com)

(941) 917-8500

## What is a Specialist?

A specialist is a physician whose practice focuses on specific body systems and diseases. If you have a medical problem that your PCP cannot treat, your PCP will refer you to a specialist.

## What is a Referral?

If your PCP refers you to a specialist, you or your physician must check the Charter Health Plan Provider Directory to confirm that the specialist is in the Charter Health Plan network. If you are treated by a specialist not in the network, you will be responsible for the total cost of the treatment and services. Your PCP must complete a referral for the specialist you will be seeing.



**FAILURE TO OBTAIN A REFERRAL WILL MAKE YOU RESPONSIBLE FOR THE TOTAL COST OF THE SERVICES!**



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## IMPORTANT FEATURES OF THE CHARTER HEALTH PLAN

- **COPAY** - the \$20 amount that the member pays for a Primary Care Provider (PCP) office visit for the first 4 visits. The balance of these expenses may then be subject to the member's deductible and coinsurance.
- **DEDUCTIBLE** - the amount paid for covered expenses during a calendar year before health insurance begins paying benefits. Your deductible is \$500 per individual/\$1500 per family.
- **COINSURANCE** - the expense shared by the members and the Charter Health Plan after the members have met their deductible. 80% is paid by the Plan and 20% is your responsibility.
- **MAXIMUM OUT-OF-POCKET EXPENSE** = \$2500 (Includes the \$500 deductible per individual noted above).



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## Schedule of Medical Benefits

Services	Plan Pays	You Pay
<b>Inpatient Hospital Care:</b> includes semi-private room & board, nursing care, treatment in intensive or cardiac care, necessary supplies and services.	80%	Deductible + 20%
<b>Outpatient Surgical Care</b>	80%	Deductible + 20%
<b>Other Outpatient Medical Services:</b>		
• X-ray, Laboratory, Ultrasound	80%	Deductible + 20%
• Diagnostic procedures, invasive procedures such as MRI, PET, CT	80%	Deductible + 20%
• Rehabilitation Services (Physical, Occupational & Speech) combined 5 visits per year	80%	Deductible + 20%
<b>Behavioral Health:</b>		
• Outpatient mental health counseling by a licensed mental health professional	\$ 0 copay first 4 visits \$30 copay for visits 5-20	Benefits paid for up to 20 visits per calendar year; 100 visits per lifetime
<i>All Behavioral Health benefits must be arranged through the Employee Assistance Program (EAP) by calling 917-8500. No referral or pre-authorization required.</i>		



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## Schedule of Medical Benefits

Services	Plan Pays	You Pay
<b>Emergency Department</b> visits and necessary ambulance services for conditions that are life or limb threatening	80%	\$100 per visit + 20% after deductible is met
<b>Sarasota Memorial Walk-In Medical Centers</b> for minor emergencies	80%	20% after deductible has been met

**Emergency Medical Conditions:** Emergency department visits and necessary ambulance services for conditions that are life or limb threatening. Minimize your cost by using the Sarasota Memorial Hospital Emergency Room. **Contact your PCP prior to seeking other services.**

[www.smhcharterplan.com](http://www.smhcharterplan.com)

**(941) 917-8500**



## Schedule of Medical Benefits

Services	Plan Pays	You Pay
<p><b>Maternity Care:</b></p> <ul style="list-style-type: none"> <li>• Pre-natal care physician visits and monitoring</li> <li>• Delivery in hospital with coverage for at least 48 hour stay for normal delivery and 96 hour stay for cesarean delivery</li> <li>• Well baby care for routine nursery charges and pediatrician visits to inpatient, healthy newborn</li> <li>• Please refer to your handbook for questions regarding baby's extended hospital stay after mother is discharged.</li> </ul>	<p>80%</p>	<p>\$35 per visit</p> <p>Deductible + 20%</p>

***\*\*Newborns must be added to the employee's policy within 30 days of the delivery. Otherwise, the newborn cannot be added to the policy until Open Enrollment.\*\****

## What is a Prior Authorization?

Certain medical services and procedures require a Prior Authorization from the Charter Health Plan to establish medical necessity and coverage for payment. The following diagnostic services and procedures require a Prior Authorization:

- Hospitalizations
- Outpatient Surgeries
- PET Scans
- More than three (3) visits to a single specialist within 90 days
- More than six (6) visits to a single specialist within one (1) year



**FAILURE TO OBTAIN *PRIOR AUTHORIZATION*  
WILL MAKE YOU RESPONSIBLE FOR THE  
TOTAL COST OF THE SERVICES!**



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# PLAN EXCLUSIONS

## EXPENSES NOT COVERED

- Injuries resulting from Motorcycle Riding
- Chiropractic Care
- Hazardous Activities

Become familiar with the pages titled ***“Expenses Not Covered”*** in the Charter Health Plan brochure. You will not be provided benefits for the items listed on these pages.

## What is “The Network”?

- Web site at [www.smhcharterplan.com](http://www.smhcharterplan.com)
- Provider Directory

### Inpatient Services:

- **Sarasota Memorial Hospital**  
1700 South Tamiami Trail

### Outpatient Surgery:

- **Cape Surgery Center**  
1941 Waldemere Street
- **Sarasota Memorial Hospital**  
1700 South Tamiami Trail



## What is “The Network”? (continued)

### **Diagnostics Services:** *X-rays/Radiology Procedures , Mammography , Bone Densitometry*

- SMH Outpatient Imaging & Breast Center, 1921 Waldemere Street
- SMH Express Testing at University, 5350 University Parkway
- SMH Express Testing at Blackburn, 929 S. Tamiami Trail
- SMH Institute for Advanced Medicine (Healthplex), 5880 Rand Boulevard
- SMH Walk In Center at Heritage Harbor, 1040 River Heritage Blvd Ste 104 – **Bradenton** 

### **Laboratory Testing:**

- SMH Express Testing at University, 5350 University Parkway
- SMH Express Testing at Blackburn, 929 S. Tamiami Trail
- Waldemere Medical Plaza, 1921 Waldemere Street
- SMH Institute for Advanced Medicine (Healthplex), 5880 Rand Boulevard
- SMH Walk In Center at Heritage Harbor, 1040 River Heritage Blvd Ste 104 – **Bradenton** 



**FAILURE TO CHOOSE PROVIDERS AND FACILITIES IN  
THE NETWORK WILL MAKE YOU RESPONSIBLE FOR  
THE TOTAL COST OF THE SERVICES!**

## What is “The Network”? (continued)

### SMH Walk-in Centers:

*For minor emergencies and injuries*

- 2401 University Parkway, Sarasota (941) 917-1234
- 6130 South Tamiami Trail, Sarasota (941) 917-5678
- 1040 River Heritage Blvd Ste 104, Bradenton (941) 917-6407

NEW



**FAILURE TO CHOOSE PROVIDERS AND FACILITIES IN  
THE NETWORK WILL MAKE YOU RESPONSIBLE FOR  
THE TOTAL COST OF THE SERVICES!**

## Pharmacy Benefits

Prescription Drugs:	Benefits
<ul style="list-style-type: none"><li>• Retail only up to 30 days supply</li><li>• Generic</li><li>• Brand</li></ul>	<p>\$1,200 annually</p> <p>\$15 per prescription or 30 day supply</p> <p>\$40*</p> <p>*if a generic is available and brand is elected by the member, the member is responsible for the difference in price</p>



**Only prescriptions written by Charter Health Plan providers will be filled when you present your ID card at network pharmacies.**

## Pharmacy Benefits

Generic Drugs:	Benefits
<ul style="list-style-type: none"><li>• Generic - Target Pharmacies now offer many generic drugs at low prices. You may want to talk with your doctor about substituting generics for the brand name drugs you currently take. To view the list of generic drugs available at the lower cost, please log on to <a href="http://www.target.com">www.target.com</a> and click on Pharmacy.</li></ul>	<p>\$4 per prescription for a 30 day supply</p> <p>\$8 per prescription for a 60 day supply</p> <p>\$12 per prescription for a 90 day supply</p> <p>The prices above only apply to the generic medications on the Target list.</p> <p><b><i>The costs above do not apply to your Pharmacy cap of \$1200 annually.</i></b></p>



**Remember....always present your Charter Health Plan ID card when purchasing your prescription(s).**



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## Where To Have Your Prescriptions Filled

The Charter Health Plan has agreements with Davidson Drugs, a locally run chain of pharmacies in Sarasota, and with Target Pharmacies to fill your prescriptions.



*Please Note:* Your drug benefit will not cover the cost of prescriptions filled at pharmacies other than those listed on the next page, unless authorized by the Charter Health Plan Pharmacy Case Manager. For any questions pertaining to the drug benefit, please call the **Pharmacy Case Manager at (941) 917-1473.**



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## Pharmacy Locations

### **South Sarasota Target**

8401 S. Tamiami Trail  
Sarasota  
(941) 921-6893

### **Venice Target**

4271 S. Tamiami Trail  
Venice  
(941) 497-7885

### **Davidson Drugs**

1281 S. Tamiami Trail  
Midtown Plaza Sarasota  
(941) 365-9116

### **North Sarasota Target**

5350 Fruitville Road  
Sarasota  
(941) 379-6677

### **Port Charlotte Target**

1400A Tamiami Trail  
Port Charlotte  
(941) 255-1682

### **Davidson Drugs**

5124 Ocean Blvd.  
Siesta Key  
(941) 349-1111

### **Super Target**

SW corner of 1-75 and  
University Pkwy.  
101 N. Cattleman Road  
Sarasota, FL 34243  
(941) 360-7520

### **Bradenton Target**

6150 14th St. W.  
Bradenton  
(941) 756-3582

### **Davidson Drugs**

6595 Midnight Pass Rd.  
Siesta Key  
(941) 349-4343



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## Plan Summary

In Network

- Deductible/Co-Insurance \$500/80-20 to \$10,000
- Maximum out of pocket (including deductibles) \$2,500 individual \$7,500 family
- Office Visits – Primary Care Physician \$20 copay (4 per calendar year)
- Office Visits – Specialist Deductible & Co-Insurance
- Wellness Visits 100% up to \$300 maximum, then Deductible & Co-insurance apply
- Diagnostics – X-Ray & Lab Deductible & Co-Insurance
- Diagnostics – Complex Imaging Deductible & Co-Insurance
  - Prior Authorization required
- Outpatient Service/Surgery Deductible & Co-Insurance
  - Outpatient Surgery requires Prior Authorization
- Hospitalization Deductible & Co-Insurance
  - Prior Authorization required
- Emergency Room \$100 per visit plus Deductible & Co-Insurance
  - True Emergency Conditions Only
- SMH Walk-in Medical Centers Deductible & Co-Insurance
  - Minors Emergencies
- Mental Health Benefits No copay for 1<sup>st</sup> 4 visits, \$30 copay visits 5-20  
20 visits per calendar year
- Maternity
  - Pre-natal & monitoring \$35 Copay
  - Hospitalization Deductible & Co-Insurance
- Prescription
  - \$1,200 Annual Maximum \$15 generic – 30 day supply  
\$40 brand – plus the difference between generic and brand, when generic is available
- Lifetime Maximum \$2 million

## What is “Out of Network”?

“Out of Network” providers and facilities do not participate in the Charter Health Plan Network. If you choose to receive services from Out of Network providers, *you will be responsible for the total cost of those services.*

## When are “Out of Network” services covered by the plan?

Out of Network services are covered by the plan when:

- Emergency Care services are received at the time of a “true emergency”. Please refer to page 3 of your Charter Health Plan brochure for the definition of a “true emergency”.
- The Medical Director determines it is in the best interest of the member to receive services outside the network. This will require an authorization.



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## **What is a Pre Existing Condition?**

A pre-existing condition is any medical condition, other than pregnancy or medical treatment of a newborn or newly adopted child, for which a person has expenses or receives advice, care, diagnosis, or treatment within six months before medical coverage begins. A pre-existing medical condition also includes manifested symptoms which would cause an ordinarily prudent person to seek treatment. The Plan does not cover any Plan member expenses, for a pre-existing condition until the member has been covered by the Plan for 12 continuous months. This exclusion does not apply to prescription drugs.

Creditable coverage – the number of days you and/or your dependents were covered by a previous employer’s plan or by COBRA coverage – **can reduce or eliminate the 12-month limit on coverage for pre-existing conditions as long as you don’t have a break in coverage of 63 or more days between the time you and/or your dependents had other coverage and the time you become covered by the Charter Health Plan.**

***A lapse in coverage for more than 63 days, pre-existing applies and there is no credit given towards the 12 month exclusion.***

## Completing the Application:

*It is important that all medical information is disclosed and completed accurately.*

*This includes listing all current medications.*



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## **Once You Are Enrolled**

**The administrator of the plan is WebTPA. You will receive a preexisting letter once you are enrolled. This is a standard procedure and the form must be completed and returned to expedite the payment of claims. If you had previous coverage, your certificate of creditable coverage will satisfy the requirement.**

**Questions – Call 917-8500**

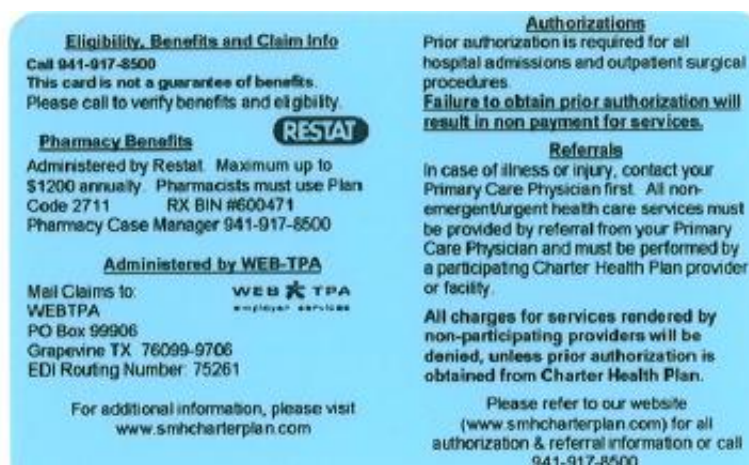
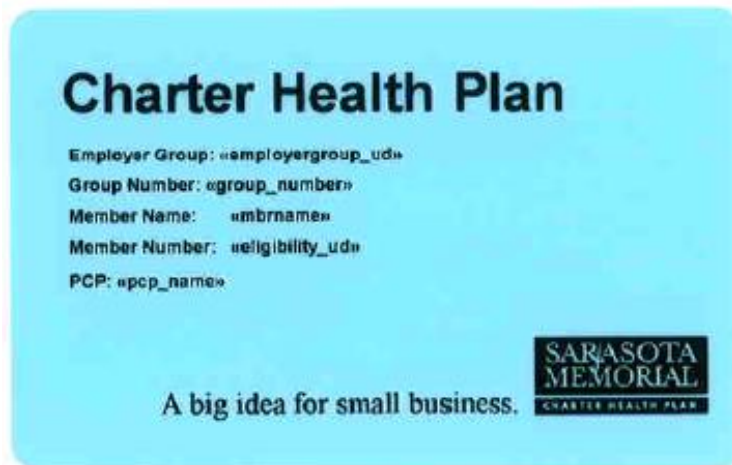
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## Identification Card Tips



***Please allow 2 weeks after your approval date to receive your ID card.***

***You should have your Charter Health Plan ID card available at all times.***

[www.smhcharterplan.com](http://www.smhcharterplan.com)

(941) 917-8500



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## Identification Card Tips

**If your card is lost or you need to make a change to your personal information on the card.....**

A decorative graphic consisting of three light blue, wavy, horizontal bands that taper at the ends, positioned below the main text.

**Call 917-8500**



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## Be An Active Partner in Your Charter Health Plan

- Establish yourself as a patient with your Primary Care Physicians
- Call your PCP before an Emergency Department visit, unless you have a life or limb-threatening injury or illness.
- Verify that all referrals are to in-network providers before receiving services.
- Verify that all required prior authorizations have been obtained.
- Carry and present your Charter Health Plan ID card before receiving services.
- Use generic prescriptions whenever available.
- Always contact your PCP before receiving other health services.
- Refer to your Charter Health Plan brochure or visit the Charter Health Plan web site at [www.smhcharterplan.com](http://www.smhcharterplan.com) for questions about covered benefits.
- Refer to your Healthwise® Handbook or online health information for medical questions.

To verify referrals, prior authorization, or for general questions: Call 917- 8500 (between 8:00 AM and 8:00 PM) or visit our website at [www.smhcharterplan.com](http://www.smhcharterplan.com)

[www.smhcharterplan.com](http://www.smhcharterplan.com) (941) 917-8500

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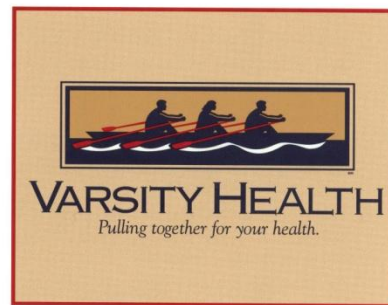
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## Making Wise Health Decisions

# Introducing the Healthwise® Handbook

## HEALTHWISE® HANDBOOK

A SELF-CARE GUIDE FOR YOU



PREVENTION  
HOME TREATMENT  
WHEN DO I CALL THE DOCTOR  
TIPS FOR EMERGENCIES

941-917-8326  
WWW.VARSITYHEALTH.NET

 healthwise®

[www.smhcharterplan.com](http://www.smhcharterplan.com)

(941) 917-8500

## Be An Active Partner with our Doctor



- Take good care of yourself
- Practice medical self-care
- Prepare for office visits
- Be an active participant in every medical visit
- Learn all you can about your health problem

# Healthwise® Self-Care Checklist

- Observe the problem
- Learn more about it
- Make and action plan
- Evaluate your progress

## THE HEALTHWISE SELF-CARE CHECKLIST

### Step 1. Observe the problem.

When did it start? What are the symptoms?

\_\_\_\_\_

Where is the pain? Dull ache or stabbing pain?

\_\_\_\_\_

Measure your vital signs:

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ minute

Breaths: \_\_\_\_\_ minute Blood Pressure: \_\_\_\_\_

\*Refer to the index in the back of your *Healthwise® Handbook* for instructions on how to take your temperature, pulse, and blood pressure.

Think back:

Have you had this problem before? Yes \_\_\_\_\_ No \_\_\_\_\_

What did you do for it? \_\_\_\_\_

Any changes in your life (stress, medications, food, exercise, etc.)?

\_\_\_\_\_

Does anyone else at home or work have these symptoms? \_\_\_\_\_

### Step 2. Learn more about it.

*Healthwise Handbook* (note page number): \_\_\_\_\_

Other books or articles: \_\_\_\_\_

Advice or opinions of others (lay or professional): \_\_\_\_\_

\_\_\_\_\_

### Step 3. Make an action plan.

What do you think is wrong? \_\_\_\_\_

What have you decided to do about it? \_\_\_\_\_

### Step 4. Evaluate your progress.

Are you getting better or worse? \_\_\_\_\_



# Ask The Doctor Checklist

- Before the visit
- During the visit
- After the visit
- You may want to ask
- At the end of the visit, ask

## ASK THE DOCTOR CHECKLIST

### Before the visit:

Complete the Healthwise Self-Care Checklist on the other side of this sheet.  
In the spaces below, list any medications you are currently taking and the amount you take. Include over-the-counter (OTC) drugs, such as aspirin, cold medicines, antacids, ointments, etc.

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If you have seen a doctor before for a similar problem, take the record from the visit with you.

### During the visit:

State your main problem first.  
Describe your symptoms.  
Describe past experiences with the same problem.

### After the visit:

Write down:  
What's wrong? \_\_\_\_\_  
What might happen next? \_\_\_\_\_  
What you can do at home? \_\_\_\_\_

### For drugs, tests, and treatments, you may want to ask:

What's its name? \_\_\_\_\_  
Why is it needed? \_\_\_\_\_  
What are the risks? \_\_\_\_\_  
Are there alternatives? \_\_\_\_\_  
What if I do nothing? \_\_\_\_\_  
(For drugs) How do I take this? \_\_\_\_\_  
(For tests) How do I prepare? \_\_\_\_\_

### At the end of the visit, ask:

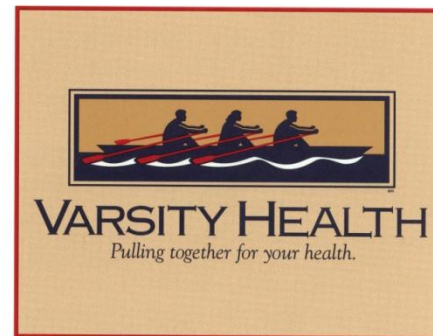
Am I to return for another visit? \_\_\_\_\_  
Am I to phone in for test results? \_\_\_\_\_  
What danger signs should I look for? \_\_\_\_\_  
When do I need to report back? \_\_\_\_\_  
What else do I need to know? \_\_\_\_\_

## Healthwise® Handbook

- Description of symptoms
- Prevention
- Home treatment
- When to call the doctor

## HEALTHWISE® HANDBOOK

A SELF-CARE GUIDE FOR YOU



PREVENTION  
HOME TREATMENT  
WHEN DO I CALL THE DOCTOR  
TIPS FOR EMERGENCIES

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