

Effective: January 1, 2018

**UNIVERSITY OF ARKANSAS
Medical Plans Comparison
UMR**

	CLASSIC PLAN	HEALTH SAVINGS PLAN*	PREMIER PLAN*
This is not a legal document. Complete benefits descriptions and exclusions are contained in the Summary Plan Description which is available through your campus HR Office.			
INDIVIDUAL MEDICAL DEDUCTIBLE (a)	\$1,250	\$2,700	\$650
FAMILY MEDICAL DEDUCTIBLE (a)	\$2,500	\$5,400	\$1,300
COINSURANCE (b)	25%	10%	20%
MEDICAL OUT OF POCKET MAXIMUM Individual (c) Family (c)	\$4,000+Deductible = \$5,250 \$8,000+Deductible=\$10,500 \$1,400/\$2,800 wellness OOP credit	\$6,650 \$13,300 \$90 wellness HSA credit	\$2,350+Deductible = \$3,000 \$4,700+Deductible=\$6,000 \$500/\$1,000 wellness OOP credit
PREVENTIVE CARE SERVICES (l) Well Baby/Child Visit (f) Immunizations Mammograms(first yearly mammogram) Colorectal Cancer Screening Nutritional Counseling* Physical Exams PCP or OB/GYN Specialist	Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full	Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full	Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full
PHYSICIAN SERVICES IN OFFICE (d) PCP or OB/GYN Office Visit Specialist Office Visit Diagnostic Lab Testing Surgical Services Advanced Imaging Services (CT, PET, MRI, & Nuclear Medicine)Prior Authorization Required	\$35 Co-pay \$55 Co-pay Coinsurance Deductible + Coinsurance \$100 Copayment Deductible + Coinsurance	All services other than ACA-Preventive applies to deductible and coinsurance. Deductible + Coinsurance	\$25 Co-pay \$45 Co-pay Covered at 100% Deductible + Coinsurance Deductible + Coinsurance
PHYSICIAN SERVICES NOT IN OFFICE Inpatient Medical Care Diagnostic Testing Surgical Services	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance		Deductible + Coinsurance Covered at 100% Deductible + Coinsurance
PHYSICIAN MATERNITY SERVICES (g)(h) Maternity/Obstetrical Care OB/GYN	No deductible or coinsurance for pre-natal and physician services		No deductible or coinsurance for pre-natal and physician services
OUTPATIENT FACILITY SERVICES Diagnostic Testing Surgical Services ER Copay tiered by visit (Co-payment waived if admitted) Urgent Care Center	Deductible + Coinsurance \$150 Co-pay + Deductible + Coinsurance \$150 1 st visit, \$200 2 nd visit \$250 after 2nd visit \$55 Co-pay		Deductible + Coinsurance Deductible + Coinsurance \$150 1 st visit, \$200 2 nd visit \$250 after 2nd visit \$50 Co-pay
INPATIENT SERVICES (g) (h) Semi-Private Room & Board, Intensive Care Room & Board, Ancillary Charges, & Maternity Inpatient Charges	\$300 Co-pay + Deductible + Coinsurance (h)		\$300 Co-pay
OTHER SERVICES Ambulance (Co-pay waived if admitted) Home Health (40 visits per year max) Speech Therapy , PT, OT, Chiropractic (30 visits Combined / approval required for additional visits) Durable Medical Hospice TMJ	\$100 Co-pay Deductible + Coinsurance \$35 Office Visit Co-pay, Deductible + Coinsurance on All Therapy and Chiropractic Deductible + Coinsurance Deductible + Coinsurance \$200 copay + \$1,000 Deduct + Coinsurance		\$100 Co-pay Deductible + Coinsurance \$25 Office Visit Co-pay, Deductible + Coinsurance on All therapy and Chiropractic Deductible + Coinsurance Deductible + Coinsurance \$200 copay + \$1,000 Deduct + Coinsurance
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient Services (h) Outpatient Intensive Day Treatment Outpatient Services in office	\$300 Co-pay + Ded + Coins \$150 Copayment + Ded + Coins \$35 Co-pay		Deductible + Coinsurance Deductible + Coinsurance \$25 Co-pay
ROUTINE VISION EXAMS (j) One exam per calendar year	\$35 Co-pay		\$25 Co-pay
PRESCRIPTION DRUGS (k) \$1600 OOP Max individual \$3200 OOP Max family Separate from Medical OOP Max	\$15 Tier 1; \$55 Tier 2; \$90 Tier 3 (k)	Deductible + Coinsurance	\$10 Tier 1; \$50 Tier 2; \$80 Tier 3 (k)

***Out-of-network benefits are available. If services are received out-of-network, a higher out-of-network annual deductible, higher coinsurance percentage and higher out-of-pocket maximums apply. In-network deductibles do not apply to out-of-network deductibles and visa versa. For more information about out-of-network coverage, or to get a copy of the complete terms of coverage, visit www.umar.com or contact UMR at 1-888-438-6105.**

FOOTNOTES:

- (a) **Deductible** means a fixed *dollar* amount that you must incur each calendar year before the health plan begins to pay for covered medical services. The calendar year deductible applies to all Covered Services except for Preventive Care Services and for those services in the Classic and Premier Plans where a Co-payment applies in, unless otherwise noted. In-network deductibles do not apply to out-of-network deductibles and visa versa. Two individual deductibles = the family deductible.
- (b) **Coinsurance** means a fixed *percentage* of charges you must pay toward the cost of covered medical services. Coinsurance applies to all Covered Services except those for which a Co-payment applies unless otherwise noted.
- (c) **Medical Out of Pocket Maximum** is the maximum combined deductible, coinsurance and copayments you will pay in any calendar year. It does not include costs for services not covered by the plan such as exclusions, limitations and pharmacy copayments. In the Classic and Premier Plans the maximum OOP for prescriptions drugs is a separate OOP from medical expenses. In the Health Savings Plan the medical OOP and pharmacy OOP are combined. Family OOP max requires two individual family member meet the individual OOP max.
- (d) **Co-Payment** means a fixed dollar amount that you must pay each time you receive a particular medical service. You pay a co-payment when you obtain health care directly from your Network Primary Care Physician or a Network Specialist. Certain services rendered in the Network Primary Care Physician or Network Specialist's office are not subject to the deductible. Services rendered in the Network Primary Care Physician or Network Specialist's office **that** are subject to deductible, coinsurance and additional copayments include advanced imaging such as MRI, CT Scans, PET Scans and Nuclear Medicine (imaging studies using medical radioisotopes), Temporomandibular Joint Disorder (TMJ) treatment and all therapy including chiropractic.
- (e) When you obtain health care through a Non-UMR Provider, your benefit payments for covered services will be based on the Maximum Allowable Payment for out-of-network services, as determined by UMR. Charges in excess of the Maximum Allowable Payments do not count toward meeting the deductible or meeting the limitation on your Out of Pocket maximum. Non-UMR Providers may bill the patient for amounts in excess of the Maximum Allowable Payment.
- (f) Well baby/child visits from an In-Network provider are covered in full from birth until the day the child attains age 19.
- (g) In the Classic Plan maternity inpatient charges are subject to co-payment and coinsurance. **With any of the medical plans it is your responsibility to notify Human Resources within 31 days of the birth or adoption of your child in order to obtain coverage for your newborn.**
- (h) In the Classic and Premier Plans the maximum combined Inpatient co-payment per calendar year is \$1,200 per person (no more than one co-payment per 30 calendar days).
- (i) In the Classic and Premier Plans the TMJ deductible is separate from the other In-Network or Out-of-Network deductibles. The TMJ deductible is in addition to any In-Network or Out-of-Network deductible and **requires pre-authorization.**
- (j) Vision Exams: Ophthalmologist or Optometrist in-network and out-of-network benefits are the same.
- (k) In the Classic and Premier Plans, , co-payments at non-participating pharmacies will be \$20.00 for Tier 1, \$60.00 for Tier 2, and \$95.00 for Tier 3. If a new enrollee has to get a prescription prior to receiving his/her pharmacy card, he/she will have to pay for the prescription in full, apply for reimbursement, and will be reimbursed less the \$20.00, \$60.00, or \$95.00 co-payments. Alternatively, if the enrollment process has been completed and benefits are in effect, a temporary prescription drug ID card can be printed by going to www.medimpact.com, registering and clicking on 'member ID card'. A complete summary of prescription drug benefits is also on the above web-address. Excluded or non-covered medication or devices do not apply to the OOP maximum.
- (l) Preventive care services and cancer screenings will follow the U.S. Preventive Task Force Recommendations. See the health plan Summary Plan Description for details on coverage.

The following procedures for all plans will require pre-authorization **before** the services are rendered:

1. Any admission to Inpatient Facilities or Partial Hospitalization Units
2. Any referral by your PCP to an Out-of-Network Provider
3. Pre-Natal/Maternity Care. Authorization includes physician care and one ultra sound. Additional ultrasounds require pre-authorization. **UAMS offers a \$500 waiver of out-of-pocket expenses for deliveries at its hospital.**
4. Home Health Care and Home Infusion Services
5. Transplant Services (including the evaluation to determine if you are a candidate for transplant by a transplant program)
6. All Advanced Imaging (CT, MRI, Thallium Stress Test, PET. Go to www.UMR.com for a complete listing) regardless of place of service.
7. MRI of the Breast

Note: Certain other services have special Pre-authorization including surgical treatment of Temporomandibular Joint Dysfunction (TMJ), Accidental Injury to Teeth.

The Smoking Cessation Program: smoking cessation program provides free PCP visits and \$0 copay for certain nicotine addiction drugs.

The **Diabetes Management Initiative and the Healthy Heart Program** provide the opportunity for \$0 copayments on certain medications. For more information on all programs call UMR 888-438-6105

***Nutritional Counseling and Weight Management Services:** One annual visit with a dietitian and up to three additional visits in conjunction with health coaching for those who have a BMI of 27 and above. Prior authorization is required and continued approval contingent upon program compliance.

Metabolic weight loss programs are reimbursable up to \$1000/ life time for individuals with a BMI of 30 and above who participate in coaching. Prior authorization is required. For more information call UMR 888-438-6105