

NHRMC Plan: Healthy Lifestyles Plan - 2018

Service	NHRMC Facility	UHC In Network
Deductible		
Individual		\$500
Family		\$1,000
Copayments, Deductible & Coinsurance is included in Out-of-Pocket Maximum		
Out-of-Pocket Maximum		
Individual		\$3,500
Family		\$5,600
Office Visit Co-pay*	You pay \$25 per visit co-pay	You pay \$35 per visit co-pay
<i>*Preventative care visits are covered at 100% with no copay; visits coded with a Diabetes or Hypertension diagnosis are also \$0 co-pay</i>		
Diabetic or Hypertension Physician	Go to any UHC provider	You pay \$0 per visit co-pay
Urgent Care Facility	Go to any UHC provider	You pay \$35 per visit co-pay
Specialist Office Visit	Go to any UHC provider	You pay \$40 per visit co-pay
Diabetic Related Specialist	Go to any UHC provider	You pay \$0 per visit co-pay
Eye Exam limited to 1/year	Go to any UHC provider	You pay \$0 per visit co-pay
Outpatient Services		
Outpatient Surgery	Covered 80% after deductible	Covered 0%* (must use NHRMC facility)
Diagnostic X-Ray and Lab Tests	Covered 100%	Covered 100%
Radiation/Oncology	Covered 80% after deductible	Covered 80% after deductible
Preventative Services (Please note that diagnostic services are subject to the plan deductible and coinsurance)		
Scopic Procedures	Covered 100%	Covered 0%* (must use NHRMC facility)
*Scopic procedures that are coded as diagnostic are subject to the plan deductible and coinsurance.		
<small>*Scopic procedures performed in the Physician's office (like nasal scopies) which require no prep work, are covered at 100% and may be performed in the Physician's office</small>		
Mammograms	Covered 100%	Covered 0%* (must use NHRMC facility)
Well-Child Care/Immunizations	Go to any UHC provider	Covered at 100%
Annual Physical	Go to any UHC provider	Covered at 100%
Flu Vac/Pneumonia Vac	Go to any UHC provider	Covered at 100%
Hepatitis B Vaccine	Go to any UHC provider	Covered at 100%
PSA (Prostate Testing)	Go to any UHC provider	Covered at 100%
Glaucoma Screening	Go to any UHC provider	Covered at 100%
Lipid Profile	Go to any UHC provider	Covered at 100%
Well Woman Exams	Go to any UHC provider	Covered at 100%
Annual Pap	Go to any UHC provider	Covered at 100%
Laboratory and Radiology Services		
MRI/MRA	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
CT/PET scan	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
Nuc Med scan	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
X-Ray's and Labs	Covered 100%	Covered 100%
Pregnancy and Maternity Care (Prenatal Care)		
Prenatal office visit care	Go to any UHC provider	You pay \$25 for first visit only
Delivery charges - Physician fees	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Delivery charges - Inpatient	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Amniocentesis	Go to any UHC provider	You pay \$40 per visit co-pay
Chorionic Villus Sampling	Go to any UHC provider	You pay \$40 per visit co-pay
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Ambulatory Uterine Monitor	Covered 80% after deductible	Covered 80% after deductible
Allergy Care		
Office Visit/Testing	Go to any UHC provider	You pay \$40 per visit co-pay
Office Visit/Injections	Go to any UHC provider	You pay \$40 per visit co-pay
Inpatient Hospital Services		
Pre-Auth of Services Required	No	No
Semi Private Room & Board	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
In-patient Therapy	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Physician and Specialist Visits	Go to any UHC provider	Covered at 80%, after deductible
Surgeon Assistant	Go to any UHC provider	Covered at 80%, after deductible
Private Duty Nursing	Not covered	Not covered

Transplant	Must use UHC provider	Covered 80% after ded at required URN fcly
Outpatient Hospital Services		
Outpatient Facility Charges	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Mental Health and Substance Abuse Benefits		
Inpatient Care	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Outpatient Care	Go to any UHC provider	You pay \$40 per visit co-pay
Emergency Services		
Emergency Room	You pay \$350 copay	You pay \$350 copay
Co-pay applied to deductible if Admitted	Yes	Yes
Pre-Auth of Services Required	No	No
Ambulance - Ground	Covered 80% after deductible	Covered 80% after deductible
Ambulance - Air	Covered 80% after deductible	Covered 80% after deductible
Other Services and Supplies		
Durable Medical Equipment -	Covered 80% after deductible	Covered 80% after deductible
Prosthetic Devices - subject to certain limits	Covered 80% after deductible	Covered 80% after deductible
Wigs limited to \$2,500/year	Covered 100%	Covered 100%
Home Health lmtd to 60 visits	Covered 80% after deductible	Covered 80% after deductible
Skilled Nursing/Extended Care (60 days)	Go to any UHC provider	Covered at 80% after the deductible
Hospice Care limited 360 days	Go to any UHC provider	Covered at 80% after the deductible
Chiropractic visits (26 visits)	Go to any UHC provider	You pay \$25 per visit co-pay
Podiatry	Go to any UHC provider	You pay \$0 per visit co-pay
Acupuncture	Not covered	Not covered
Hearing		
Screening	Go to any UHC provider	You pay \$40 per visit co-pay
Aid(s) lmtd to \$2,500 annual	Go to any UHC provider	Covered at 80% after the deductible
Audiometry Exam	Go to any UHC provider	You pay \$40 per visit co-pay
Cochlear Implants	Go to any UHC provider	Covered at 80% after the deductible
Alternative Therapy		
Naturopaths	Not covered	Not covered
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Massage Therapists	Not covered	Not covered
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Family Planning		
Office Visit/Exam/Tests	Go to any UHC provider	You pay \$40 per visit co-pay
Inpatient Facility Procedure	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Outpatient Facility Procedure	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Physician's Services	Covered 80% after deductible	Covered 80% after deductible
Outpatient Rehab Therapy Services		
Physical & Occupational Therapy, 30 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
Speech Therapy, 30 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
Cardiac Rehab, 36 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
*Services noted in GREEN are covered at 100% with no copay under the Diabetes Health Plan		
Prescription Drug Benefits		
Generic Substitution Required ¹		Yes
		MedImpact In-Network Pharmacy²
Tier 1 30-day supply	Go to any MedImpact Network ²	You pay \$4 co-pay
Tier 2 30-day supply	Go to any MedImpact Network ²	You pay \$20 co-pay
Tier 3 30-day supply	Go to any MedImpact Network ²	You pay \$40 co-pay
Mandatory Mail Order for Maintenance Medications ³		MedImpact Direct Pharmacy³
Tier 1 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$10)
Tier 2 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$50)

Tier 3 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$100)
Prescription Benefit for Healthy Lifestyles Plan-Selected Medications (refer to HLP Drug List)		
Tier 1 30-day supply	Go to any MedImpact Network ²	You pay \$0 co-pay
Tier 2 30-day supply	Go to any MedImpact Network ²	You pay \$0 co-pay
Tier 3 30-day supply	Go to any MedImpact Network ²	You pay \$40 co-pay
Tier 1 90-day supply	MedImpactDirect.com	You pay \$0 co-pay
Tier 2 90-day supply	MedImpactDirect.com	You pay \$0 co-pay
Tier 3 90-day supply	MedImpactDirect.com	co-pay at 2.5 times
Diabetic Testing Supplies	You pay \$0	