

Standard Plan: Healthy Lifestyles Plan - 2018			
Service	NHRMC Facility	UHC In Network	UHC Out of Network
<b>Deductible</b>			
Individual		\$1,350	\$2,000
Family		\$2,700	\$4,000
<b>Copayments, Deductible &amp; Coinsurance is included in Out-of-Pocket Maximum</b>			
<b>Out-of-Pocket Maximum</b>			
Individual		\$4,750	\$5,750
Family		\$8,313	\$13,125
Office Visit Co-pay*	You pay \$25 per visit co-pay	You pay \$35 per visit co-pay	Covered at 60% after ded
<b>*Preventative care visits are covered with no copay</b>			
Diabetic/Hypertension Physician	Go to any UHC provider	You pay \$0 per visit co-pay	Covered at 60% after ded
Specialist Office Visit	Go to any UHC provider	You pay \$40 per visit co-pay	Covered at 60% after ded
Urgent Care Facility	Go to any UHC provider	You pay \$35 per visit co-pay	Covered at 60% after ded
Diabetic Related Specialist	Go to any UHC provider	You pay \$0 per visit co-pay	Covered at 60% after ded
Eye Exam limited to 1/year	Go to any UHC provider	You pay \$0 per visit co-pay	Covered at 60% after ded
<b>Outpatient Services</b>			
Outpatient Surgery	Covered at 80% after ded	Covered at 80% after ded	Covered at 60% after ded
Diagnostic X-Ray and Lab Tests	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit	Go to any UHC provider	You pay \$40 per visit co-pay	Covered at 60% after ded
Radiation/Oncology	Covered at 80% after ded	Covered 80% after deductible	Covered at 60% after ded
<b>Preventative Services</b>			
Scopic Procedures*	Go to any UHC provider	Covered at 100%	Covered 60% after ded
<b>*Scopic procedures that are coded as diagnostic are subject to the plan deductible and coinsurance.</b>			
Mammograms	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Well-Child Care/Immunizations	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Annual Physical	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Flu Vac/Pneumonia Vac	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Hepatitis B Vaccine	Go to any UHC provider	Covered at 100%	Covered 60% after ded
PSA (Prostate Testing)	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Glaucoma Screening	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Lipid Profile	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Well Woman Exams	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Annual Pap	Go to any UHC provider	Covered at 100%	Covered 60% after ded
<b>Laboratory and Radiology Services</b>			
MRI/MRA	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
CT/PET scan	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
Nuc Med scan	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
X-Ray's and Labs	Covered 100%	Covered 100%	Covered 60% after ded
<b>Pregnancy and Maternity Care (Prenatal Care)</b>			
Prenatal office visit care	Go to any UHC provider	You pay \$25 for first visit only	Covered 60% after ded
Delivery charges - Phy fees	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Delivery charges - Inpatient	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Amniocentesis	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Chorionic Villus Sampling	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Ambulatory Uterine Monitor	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
<b>Allergy Care</b>			
Office Visit/Testing	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
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Office Visit/Injections	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
<b>Inpatient Hospital Services</b>			
Pre-Auth of Services Required	No	No	Yes
Semi Private Room & Board	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
In-patient Therapy	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Physician and Specialist Visits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded

Surgeon Assistant	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Private Duty Nursing	Not covered	Not covered	Not covered
Transplant	Not available	Cov 80% after ded at URN fcly	Not covered
<b>Outpatient Hospital Services</b>			
Outpatient Facility Charges	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
<b>Mental Health and Substance Abuse Benefits</b>			
Inpatient Care	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Outpatient Care	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
<b>Emergency Services</b>			
Emergency Room	You pay \$350 copay	You pay \$350 copay	You pay \$350 copay
Co-pay applied to deductible if Admitted	Yes	Yes	Yes
Pre-Auth of Services Required	No	No	No
Ambulance - Ground	Covered 80% after ded	Covered 80% after ded	Covered 80% after ded
Ambulance - Air	Covered 80% after ded	Covered 80% after ded	Covered 80% after ded
<b>Other Services and Supplies</b>			
Durable Medical Equipment - subject to certain limits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Prosthetic Devices - subject to certain limits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Wigs limited to \$2,500/year	Covered 100%	Covered 100%	Covered 100%
Home Health lmtd to 60 visits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Skilled Nursing (60 days)	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Hospice Care limited 360 days	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Chiropractic visits (26 visits)	Go to any UHC provider	You pay \$25 per visit co-pay	Covered 60% after ded
Podiatry	Go to any UHC provider	You pay \$0 per visit co-pay	Covered 60% after ded
Acupuncture	Not covered	Not covered	Not covered
<b>Hearing</b>			
Screening	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Aid(s) lmtd to \$2,500 annual	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Audiometry Exam	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Cochlear Implants	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
<b>Alternative Therapy</b>			
Naturopaths	Not covered	Not covered	Not covered
Massage Therapists	Not covered	Not covered	Not covered
<b>Family Planning</b>			
Office Visit/Exam/Tests	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Inpatient Facility Procedure	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Outpatient Facility Procedure	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Physician's Services	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
<b>Outpatient Rehab Therapy Services</b>			
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Physical & Occupational Therapy, 30 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded
Speech Therapy, 30 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded
Cardiac Rehab, 36 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded

**\*Services noted in GREEN are covered at 100% with no copay under the Diabetes Health Plan**

<b>Prescription Drug Benefits</b>			
Generic Substitution Required <sup>1</sup>		Yes	
		<b>MedImpact In-Network Pharmacy<sup>2</sup></b>	Out of Network Pharmacy
Tier 1 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$4 co-pay	Not covered
Tier 2 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$20 co-pay	Not covered
Tier 3 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$40 co-pay	Not covered
Mandatory Mail Order for Maintenance Medications <sup>3</sup>		<b>MedImpact Direct PrimeMail Pharmacy<sup>3</sup></b>	
Tier 1 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$10)	Not covered
Tier 2 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$50)	Not covered

Tier 3 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$100)	Not covered
<b>Prescription Benefit for Healthy Lifestyle Plan Medications-HLP Drug List</b>			
		<b>MedImpact In-Network Pharmacy<sup>2</sup></b>	Out of Network Pharmacy
Tier 1 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$0 co-pay	Not covered
Tier 2 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$0 co-pay	Not covered
Tier 3 30-day supply	Go to any MedImpact Network <sup>2</sup>	You pay \$40 co-pay	Not covered
Tier 1 90-day supply	MedImpactDirect.com	You pay \$0 co-pay	Not covered
Tier 2 90-day supply	MedImpactDirect.com	You pay \$0 co-pay	Not covered
Tier 3 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$100)	Not covered
Diabetic Testing Supplies	You pay \$0		Not covered

<sup>1</sup>If a member chooses to receive the brand name drug and a generic equivalent is available, the member will pay the difference between the full cost of the generic and the brand-name drug plus the tier co-pay.

<sup>2</sup>Prescriptions may be filled at any UHC network retail pharmacy. Walgreens is excluded from our network, so no prescription benefits are offered at Walgreens.

<sup>3</sup>PrimeMail is our new mail order pharmacy for maintenance prescriptions. If a member chooses to fill their maintenance prescriptions at an in-network pharmacy rather than through PrimeMail, after two 30-day refills, they will pay a \$20 penalty on each subsequent 30- day supply.