

NHRMC Plan Coverage 2020

Service	NHRMC Facility	UHC In Network
Deductible		
Individual		\$500
Family		\$1,000
<i>Copayments, Deductible & Coinsurance is included in Out-of-Pocket Maximum</i>		
Out-of-Pocket Maximum		
Individual		\$3,500
Family		\$5,600
Office Visit Co-pay*	\$25 co-pay per visit	\$35 co-pay per visit
<i>*Preventative care visits are covered at 100% with no copay</i>		
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
Eye Exam limited to 1/year	Go to any UHC provider	You pay \$25 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)
<i>*Scopic procedures that are coded as diagnostic are subject to the plan deductible and coinsurance.</i>		
<i>*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</i>		
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
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 fcilty
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	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 \$40 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
Massage Therapists	Not covered	Not covered
Family Planning		
NHRMC Plan Coverage		
Service	NHRMC Facility	UHC In Network
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)
Prescription Drug Benefits		
Generic Substitution Required		

Tier 1 30-day supply	Go to Employee Pharmacy or any MedImpact In-Network Pharmacy	You pay \$4 co-pay
Tier 2 30-day supply	Go to Employee Pharmacy or any MedImpact In-Network Pharmacy	You pay \$20 co-pay
Tier 3 30-day supply	Go to Employee Pharmacy or any MedImpact In-Network Pharmacy	You pay \$40 co-pay
Maintenance Medications and Specialty must be filled at Employee Pharmacy - either pick up or mailed to home		
Tier 1 90-day supply	Employee and Specialty Pharmacy	co-pay at 2.5 times (\$10)
Tier 2 90-day supply	Employee and Specialty Pharmacy	co-pay at 2.5 times (\$50)
Tier 3 90-day supply	Employee and Specialty Pharmacy	co-pay at 2.5 times (\$100)