




MEDICAL HEALTH PLAN SUMMARY
Effective January 1, 2020

	 Network: United HealthCare Choice Plus	
Deductible In-Network (Single/Family) Out-of-Network (Single/Family)	\$1,000 / \$2,000 \$2,000 / \$4,000	
Coinsurance In-Network Out-of-Network	80% 60%	
Out-of-pocket Maximum In-Network (Single/Family) Out-of-Network (Single/Family)	<i>Includes deductible, but excludes prescription drug copays & prescription drug coinsurance</i> \$4,000 / \$8,000 \$8,000 / \$12,000	
Preventive Care <i>(Includes Labs and X-rays)</i> In-Network (Single/Family) Out-of-Network (Single/Family)	100% Coverage Deductible, then 60% Coinsurance	
Office Visits <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	<i>Primary Care, Specialist, and Chiropractor</i> Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Office Visits and Labs at Manty Clinic	100% Coverage	
Outpatient Hospital Services <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Inpatient Hospital Services <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Emergency Room <i>(Includes Labs and X-rays)</i> In-Network & Out-of-Network	\$150 copay, then Deductible & Coinsurance <i>Copay waived if admitted</i>	
Prescription Drugs Tier 1 (generics) Tier 2 (preferred brands) Tier 3 (non-preferred brands) Tier 4 – Specialty Pharmacy <i>(Use Advanced Control Specialty List)</i>	Retail <i>(30 day supply)</i> \$10 copay \$40 copay \$75 copay	Mail Order <i>(90 day supply)</i> \$25 copay \$100 copay \$187.50 copay
	25% to a maximum of \$200 per fill (30 day supply)	
Prescription Drug Copay Out-of-pocket Maximum (Single/Family)	<i>Excludes medical out-of-pocket maximum</i> \$2,850 / \$5,700	

UMR is the third party administrator of the plan. This summary of your healthcare coverage is for illustrative purposes and intended to be a brief outline of coverage. All benefits are subject to the contractual provisions, terms, limitations and exclusions of the Summary Plan Description (SPD). The terms and conditions of the benefits, limitations and exclusions are contained in the SPD. In the event of a conflict between the SPD and this summary, the terms of the SPD will govern.

COMMON INSURANCE TERMS

Allowable Charges

Charges for services rendered or supplies furnished by a health provider that would qualify as covered expenses and for which the health insurer pays in whole or in part, subject to any deductible, coinsurance, or copayments.

Coinsurance

A set percentage of costs that are covered your plan after your deductible has been paid. Your plan pays a higher percentage (80%). You pay a lower percentage (20%). See example below.

Allowable Charges	\$2,000
Deductible	<u>-1,000</u>
Remaining Balance	1,000
20% Coinsurance	<u>- 200</u>
Insurance Pays 90%	\$ 800

Copayments (Copay)

A predetermined, flat fee an individual pays for healthcare services, in addition to what insurance covers. A copay is the amount that must be paid to the provider each time certain services are received. Copays do not apply toward satisfaction of deductibles, but they do track toward out-of-pocket maximums.

Deductible

The amount of allowable expenses which must be paid by the covered person or the covered family before benefits are payable by the health plan.

Family Deductible

A deductible that is satisfied by the combined expenses of all covered family members. For example, a program with a \$1,000 deductible may limit its application to a maximum of two deductibles (\$2,000) for the family, regardless of the number of family members. An aggregate family deductible may be met by two or more family members.

Drug Formulary

A list of prescription drugs approved for the use and/or coverage under a particular health insurance policy. The development of prescription formularies are based on evaluations of efficacy, safety, and cost-effectiveness of drugs.

Network Provider

A provider who has signed an agreement to provide covered services to our covered persons at discounted rates. **To receive services at the In-Network level, the provider must participate in United HealthCare Choice Plus.**

Non-Network Provider

A provider that is not signed an agreement to be a Network Provider. They are also referred to as out-of-network Providers.

Out-of-Pocket Maximum

The total amount of deductible and coinsurance the covered person incurs. This accumulates on an individual and family level. The family out-of-pocket maximum is an aggregate. The medical plan has separate medical and prescription drug out-of-pocket maximums.

Preferred Provider Organization (PPO)

A group of hospitals and physicians that contract on a fee-for-service basis with employers, insurance companies or other third party administrators to provide comprehensive medical service. Providers exchange discounted services for increased volume and prompt payment. Participants' out-of-pocket costs are usually lower than with a fee-for-service plan.