This is not a legal document. Complete benefits descriptions and exclusions are contained in the Summary Plan Description.

INDIVIDUAL DEDUCTIBLE (a)
- $750

FAMILY DEDUCTIBLE (a)
- $1,500

COINSURANCE (b)
- 20%

OUT OF POCKET MAXIMUM
- Individual (c)
  - $2,000
- Family (c)
  - $4,000

LIFETIME MAXIMUM
- Unlimited

PREVENTIVE CARE SERVICES (l)
- Well Baby/Child Visit (f)
  - Paid in Full
- Immunizations
  - Paid in Full
- Mammograms (first yearly mammogram)
  - Paid in Full
- Colorectal Cancer Screening
  - Paid in Full
- Nutritional Counseling *
  - Paid in Full
- Physical Exams
  - Paid in Full

PHYSICIAN SERVICES IN OFFICE (d)
- Specialist
  - $25 Co-pay
- Diagnostic Testing
  - No deductible or coinsurance
- Surgical Services
  - Office Copay if applicable
- Advanced Imaging Services (CT, PET, MRI, Nuclear Medicine) Prior Authorization Required
  - Paid in Full

PHYSICIAN SERVICES NOT IN OFFICE
- Inpatient Medical Care
  - Deductible + Coinsurance
- Diagnostic Testing
  - Deductible + Coinsurance
- Surgical Services
  - Deductible + Coinsurance

PHYSICIAN MATERNITY SERVICES (g)
- Maternity/Obstetrical Care OB/GYN
  - no deductible or coinsurance for pre-natal & delivery services

OUTPATIENT FACILITY SERVICES
- Diagnostic Testing
  - $150 Co-pay + Deductible + Coinsurance
- Surgical Services
  - ER Copay tiered by visit (Co-payment waived if admitted)
  - $150 1st visit, $200 2nd visit
  - $250 after 2nd visit
- Urgent Care Center
  - $50 Co-pay

INPATIENT SERVICES (h)
- Semi-Private Room & Board, Intensive Care Room & Board, Ancillary Charges, & Maternity Inpatient Charges
  - $300 Co-pay + Deductible + Coinsurance (h)

OTHER SERVICES
- Ambulance (Co-pay waived if admitted)
  - $100 Co-pay
- Home Health (40 visits per year max)
  - Deductible + Coinsurance
- Speech Therapy, PT, OT (Reviewed after 30 visits for medical necessity)
  - Deductible + Coinsurance
- Chiropractic (30 visits per year max)
  - Deductible + Coinsurance
- Durable Medical
  - Deductible + Coinsurance
- Hospice
  - Deductible + Coinsurance
- TMJ ($10,000 Lifetime Max) (i)
  - No Coverage

MENTAL HEALTH/SUBSTANCE ABUSE
- Inpatient Services (h)
  - $300 Co-pay + Ded + Coins
- Outpatient Intensive Day Treatment
  - $150 Copayment + Ded + Coins
  - $25 Co-pay
- Outpatient Services in office

ROUTINE VISION EXAMS (j)
- One exam per calendar year
  - $25 Co-pay

PRESCRIPTION DRUGS (k)
- $10 Generic; $35 Preferred; $70 Non-Preferred (k)

UMR Network Provider
- Deductible + Coinsurance
- Not Covered

Non-UMR Provider (e)
- Deductible + Coinsurance
- Not Covered

National Provider (k)
- Deductible + Coinsurance

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FOOTNOTES:

(a) **Deductible** means a fixed dollar amount that you must pay each calendar year except for those that a Co-payment applies, unless otherwise noted. In-network deductibles do not apply to out-of-network deductibles and visa versa. 2 individual deductible = 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) **Out of Pocket Maximum** is the maximum deductible, coinsurance and copayments you would pay in any calendar year. Does not include plan exclusions, limitations and pharmacy copayments.

(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 an In-Network Specialist. Referrals are NOT required for Network Specialists office visits. Certain services rendered in the Network Primary Care Physician or Network Specialist's office are not subject to coinsurance and do not apply to the deductible or the out-of-pocket maximum. Services rendered in the Network Primary Care Physician or Network Specialist’s office that are subject to deductible and coinsurance include advanced imaging such as MRI, CT Scans, PET Scans and Nuclear Medicine (imaging studies using medical radioisotopes). Office surgery will apply the physician specific (specialist vs PCP) copayment.

(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) Inpatient and other services are subject to Co-payment and coinsurance. It is your responsibility to notify the Benefits Section of Human Resources within 31 days of the birth or adoption of your child in order to obtain coverage for your newborn.

(h) Maximum combined Inpatient Co-payment per calendar year is $1,200 per person (no more than one co-payment per 30 calendar days).

(i) The TMJ deductible is separate from the any 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) **Under the Point of Service Plan and the Classic Plan, Co-payments at non-participating pharmacies will be $13.50 for generic, $38.50 for preferred name brand, and $73.50 for non-preferred name brand. 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 $13.50, $38.5, or $73.50 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. Reference Based Pricing applies a set price per dose in a specific class of drugs. Example: In the Proton Pump Inhibitor (PPI) class, the plan pays $0.64/dose and the member pays the remainder of the cost.

(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 both the Point of Service Plan and the Classic Plan 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 $1000 waiver of out-of-pocket expenses for deliveries at its hospital. (This includes deductible and inpatient copayment/coinsurance.)**
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 requirements: Surgical treatment of Temporomandibular Joint Dysfunction (TMJ), Accidental Injury to Teeth.

Procedures for testing and treatment of a diagnosed condition will be subject to deductible and coinsurance.

**The Smoking Cessation Program:** smoking cessation program provides free PCP visits and zero copay for Chantix, a medication for nicotine addiction. The **Diabetes Management Initiative and the Healthy Heart Program** provide the opportunity for zero copayments on many generic medication. 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 3 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 compliance with health coaching engagement. **Metabolic weight loss programs** are reimbursable up to $1000/life time for individuals with a BMI of 30 and above who participate in health coaching. Prior authorization is required. More information is available by calling UMR 888-438-6105

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