### UNIVERSITY OF ARKANSAS

**Medical Plans Comparison**

**UMR**

This is not a legal document. Complete benefits descriptions and exclusions are contained in the Summary Plan Description which is available through your campus HR Office.

<table>
<thead>
<tr>
<th>INDIVIDUAL MEDICAL DEDUCTIBLE (a)</th>
<th>FAMILY MEDICAL DEDUCTIBLE (a)</th>
<th>COINSURANCE (b)</th>
<th>MEDICAL OUT OF POCKET MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,250</td>
<td>$2,500</td>
<td>30%</td>
<td>Individual (c)</td>
</tr>
<tr>
<td>$8,000+Deductible = $5,250</td>
<td>$8,000+Deductible = $10,500</td>
<td></td>
<td>Family (c)</td>
</tr>
<tr>
<td>$4,000+Deductible = $5,250</td>
<td>$4,000+Deductible = $10,500</td>
<td></td>
<td>$7,000+Deductible = $9000</td>
</tr>
</tbody>
</table>

**LIFETIME MAXIMUM**

- Unlimited

**PREVENTIVE CARE SERVICES**

- Paid in Full
- Deductible + Coinsurance
- Deductible + Coinsurance
- Not Covered

**PHYSICIAN SERVICES IN OFFICE**

- $35 Co-pay
- $150 Co-pay + Deductible + Coinsurance
- $150 Co-pay + Deductible + Coinsurance
- Deductible + Coinsurance

**PHYSICIAN MATERNSITY SERVICES**

- No deductible or coinsurance for pre-natal & delivery services

**OUTPATIENT FACILITY SERVICES**

- Deductible + Coinsurance
- $150 Co-pay + Deductible + Coinsurance
- $150 Co-pay + Deductible + Coinsurance
- Deductible + Coinsurance

**INPATIENT SERVICES**

- $300 Co-pay + Deductible + Coinsurance (h)

**OTHER SERVICES**

- Ambulance (Co-pay waived if admitted)
- Home Health (40 visits per year max)
- Speech Therapy, PT, OT, Chiropractic
- Durable Medical
- Hospice
- TMJ

**MENTAL HEALTH/SUBSTANCE ABUSE**

- Inpatient Services (h)
- Outpatient Intensive Day Treatment

**ROUTINE VISION EXAMS**

- $35 Co-pay

**PRESCRIPTION DRUGS**

- Rx OOP Max $1,600
- $80 Tier 3 (k)

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**Effective: January 1, 2016**

(2016 comparison grid health plan handout)
FOOTNOTES:

(a) **Deductible** means a fixed dollar amount that you must incur each calendar year before the health plan begins to pay for covered medical services. The calendar year deductible applies to all Covered Services 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. Two 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) **Medical Out of Pocket Maximum** is the maximum combined deductible, coinsurance and copayments you will pay in any calendar year. It does not include costs for services not covered by the plan such as exclusions, limitations and pharmacy copayments. The maximum OOP for prescriptions drugs is a separate OOP from medical expenses. Families can combine to meet the out-of-pocket maximum without each family member meeting their individual out-of-pocket maximum.

(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. Certain services rendered in the Network Primary Care Physician or Network Specialist’s office are not subject to co-insurance. Services rendered in the Network Primary Care Physician or Network Specialist’s office that are subject to deductible, coinsurance and additional copayments include advanced imaging such as MRI, CT Scans, PET Scans and Nuclear Medicine (imaging studies using medical radioisotopes), Temporomandibular Joint Disorder (TMJ) treatment and all therapy including chiropractic.

(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 $18.50 for Tier 1, $53.50 for Tier 2, and $83.50 for Tier 3. 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 $18.50, $53.50, or $83.50 Co-payments.

(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 $500 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 three 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

modified 12-09-15