

Medical Health Plan

UMR (United Healthcare) and HealthSCOPE BENEFITS (VBP)

Employee contributions are tiered by Tobacco/Non-Tobacco premiums, and **you are required to complete the Tobacco questions with your benefits concierge or through the EOI Call Center.** *Failure to complete your elections for 2023-2024 will default you to Tobacco contributions.*

TOBACCO USE ASSESSMENT

1. In the last 12 months, have you and/or your covered spouse used any of the following tobacco products?
Cigarettes, Cigars, Pipe, any type of smokeless tobacco such as e-cigarettes, snuff, or chewing tobacco
 - a) *If you and/or your covered spouse use tobacco products, what type? How many per day/week?*
2. Does anyone you live with or who is close to you smoke cigarettes or use any of the above listed tobacco products?

In order to take advantage of this program, you and/or your covered spouse must be tobacco free for a period of 12 consecutive months. Failure to return this assessment will result in you being assessed the tobacco user premium.

PLEASE NOTE that both employee and covered spouse must be non-tobacco users to fall within the “non-tobacco user” tier.

UMR and HSB/VBP Embedded HSA with Serve You RX

Benefit – Medical

VBP Option, HealthSCOPE, PHCS

Embedded HSA-UMR, In-Network

Deductible Individual/Family	\$1,250/\$2,500	\$4,000/\$8,000
Coinsurance	80%	100%
Maximum Individual/Family Out-of-Pocket	\$6,000/\$12,000	\$4,000/\$8,000
Preventive Care	100%, deductible waived	100%, deductible waived
Primary Care Physician and Specialist Visit	100% after \$25 copay	100% after deductible
Emergency Room	\$100 copay	100% after deductible
Prescription Drugs Retail (30 day) Mail Order 3x at 90-day supply	\$10/\$30/\$50	100% after deductible

Important

HSA Participants

- To enroll: visit the UMB link in your Employee Benefit Guide and enroll online
- **2023** Contribution limits: \$3,850/single, \$7,750/ family
- **2024** Contribution limits: \$4,150/single, \$8,300/ family
- \$1,000 in “catch up” contributions for individuals 55 and older.
- IRS Regulations: HSA Contributions are Calendar Year.

Benefit Maximums

- Medical and Dental deductibles, coinsurance, and out-of-pocket are on a Plan Year basis, i.e. from September 1 through August 31 each year.

PLEASE NOTE:

1. You are not required to have an HSA to elect the HDHP.
2. ***YOU ARE NOT ELIGIBLE TO CONTRIBUTE TO AN HSA IF YOU ELECT THE VBP.***

If you are enrolled in the **Embedded HSA**, Louisiana Machinery will match dollar for dollar up to **\$62.50** per month in your account

Inpatient/ Outpatient Pre-

Cert List: All in patient stays for medical and/or psych and substance abuse;
All outpatient surgeries not done in a doctor's office.

1. 23 - hour observation stays
2. Any drug above \$1,500 a dose
3. Biologic Drugs
4. Chemotherapeutic Drugs
5. Deviated septum/nasal surgery
6. Dialysis
7. DME over \$1,500
8. EBCT (Electron Beam Tomography)
9. Endoscopic Procedures
10. Epidural / facet and trigger point injections
11. Extended nursing facility
12. Home Health Care
13. Hospice Care
14. Infusions (Infusion Therapy) over \$1,500

Precertification Request Form

can be found at

<https://www.urmedwatch.com/home/content/services-precert-request.aspx>

Call (800) 432-8421 for assistance



15. Long Term Acute Care (LTAC)
16. MRI/CT/Pet Scan- excludes bone density studies
17. Physical/Occupational/Speech Therapy
18. Psychiatric Treatment: Intensive OutPatient, Residential or Partial Hospitalization Program; Any OP Psychiatric Visits over 15 for same diagnosis
19. Radiation Treatments
20. Rehabilitation for Substance Abuse: Intensive Outpatient, Residential, Partial
21. Skilled Nursing Facility (SNF)
22. Inpatient Rehabilitation
23. Varicose Vein Ligation

Medical – Preventive Care

Patient Protection and Affordable Care Act (PPACA) has implemented a provision to offer certain health preventive services from network providers at no out-of-pocket cost to you or your family.

The following services are covered at 100%, deductible waived:

- Routine Adult Physical Exam/Immunizations
- Routine Well Child Exams/Immunizations
- Routine Gynecological Care Exams
- Routine Mammograms
- Routine Digital Rectal Exams / Prostate-Specific Antigen Test
- Colorectal Cancer Screening

All Preventive Care Services are subject to age limits and limits per year. See Plan Document for details.

***Please be sure
you visit an
in-network
provider***



Remember

You MUST pre-certify with MedWatch for any elective procedures under VBP.

Embedded HSA In-Network and Out-of-Network Deductibles and Out-of-Pocket maximums are separate and do NOT cross-apply.

DO NOT pay any balance bills. PLEASE CONTACT HSB/ HST IMMEDIATELY IF YOU RECEIVE A BALANCE BILL.

VBP Physician network is PHCS: www.multiplan.com;
No Facility network;
HDHP: UHC Network