

MEDICAL: Plan Comparison

	VBP Option 1 (Healthscope)	EHDHP OPTION 2 (UMR)	
Plan Provision	Value-Based Payments (VBP)	In-Network	Out-of-Network
Lifetime/ Plan Year Max Unlimited - Includes Prescription Drugs, Mental & Nervous/ Substance Abuse benefits			
Individual Deductible (Plan Year) <i>In-Network and Out-of-Network deductibles are <u>separate</u> and <u>DO NOT</u> cross apply</i>	\$1,250	\$4,000	\$6,000
Family Deductible (Plan Year) <i>In-Network and Out-of-Network deductibles are <u>separate</u> and <u>DO NOT</u> cross apply</i>	\$2,500	\$8,000	\$12,000
Individual Out-of-Pocket Maximum (Plan Year)	\$6,000, <i>Including Deductible and coinsurance</i>	\$4,000, <i>Including Deductible and coinsurance</i>	\$10,000, <i>Including Deductible and coinsurance</i>
Family Out-of-Pocket Maximum (Plan Year)	\$12,000, <i>Including Deductible and coinsurance</i>	\$8,000, <i>Including Deductible and coinsurance</i>	\$20,000, <i>Including Deductible and coinsurance</i>
Coinsurance	80%	100%	80%
Primary Care Physician & Specialist Visit	100% after \$25 copay	100% after Deductible	80% after Deductible
Other Practitioner Office Visit	100% after \$25 copay	100% after Deductible	80% after Deductible
Inpatient Hospital	80% after Deductible	100% after Deductible	80% after Deductible
Hospital Emergency Room	\$100 copay	100% after Deductible	
Prescription Drugs:			
Tier 1	\$10 copay	100% after Deductible	80% after Deductible
Tier 2	\$30 copay	100% after Deductible	80% after Deductible
Tier 3	\$50 copay	100% after Deductible	80% after Deductible
Mail Order	3x copayment amount	100% after Deductible	80% after Deductible

MEDICAL: EMPLOYEE CONTRIBUTIONS

Contributions are tiered by Tobacco / Non-Tobacco, and you are required to complete the Tobacco questions when enrolling in medical coverage.

FULL-TIME EMPLOYEES NON-TOBACCO Monthly/ Bi-Weekly Medical Contributions - PRE-TAX

Coverage Level	VALUE-BASED PAYMENTS	EHDHP OPTION Embedded HDHP
Employee Only	\$25.00 / \$12.50	\$27.00 / \$13.50
Employee + Spouse	\$175.00 / \$87.50	\$207.00 / \$103.50
Employee + Child(ren)	\$150.00 / \$75.00	\$196.00 / \$98.00
Employee + Family	\$300.00 / \$150.00	\$360.00 / \$180.00

REMEMBER: Your Medical, Dental, and Vision contributions are deducted from your paycheck on a **pre-tax** basis, which means that your taxable pay is lower - and so is the amount you pay for Social Security, Medicare, federal and state income taxes. Employees can choose to have the full amount of HSA contributions deducted pre-tax from the 1st pay check, or to have pre-tax deductions spread over 26 pay periods. You may also elect not to fund your HSA contributions pre-tax and file these contributions on your tax returns. If you chose to add additional funds throughout the year, these will be added post-tax.

FULL-TIME EMPLOYEES TOBACCO Monthly/ Bi-Weekly Medical Contributions – PRE-TAX

Coverage Level	VALUE-BASED PAYMENTS	EHDHP OPTION 2 Embedded HDHP
Employee Only	\$42.00 / \$21.00	\$44.00 / \$22.00
Employee + Spouse	\$250.00 / \$125.00	\$294.00 / \$147.00
Employee + Child(ren)	\$225.00 / \$112.50	\$279.00 / \$139.50
Employee + Family	\$400.00 / \$200.00	\$515.00 / \$257.50

MEDICAL: PREVENTIVE CARE

Patient Protection and Affordable Care Act (PPACA) implemented a provision to offer certain health preventive services from network providers at no out-of-pocket cost to you or your family. *All Preventive Care Services are subject to age limits and limits per year. See Plan Document for details.*

- 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

Please Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor, or treat illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.

Medications and Supplements (covered with a doctor's prescription):

- Aspirin
- Colonoscopy preparation
- Smoking Cessation
- Statin
- Vitamin D
- Fluoride chemoprevention—supplements starting at age 6 months for children without fluoride in their water sources
- Gonorrhea preventive medicine for the eyes of all newborns
- Iron supplements for children ages 6-12 months at risk for anemia
- Children's immunizations such as Chickenpox, Rota- virus, tetanus, Tdap, meningococcal, pneumococcal, Hepatitis A, Hepatitis B, inactivated poliovirus, etc.

Adult Preventive Care:

- Colorectal cancer screening for adults at 45-75
- Diabetes screening for adults 40-70 at higher risk
- Lung cancer screenings for adults at all specified ages who smoke or have quit within the past 15 years
- Tuberculosis screening for latent infection for adults at higher risk
- Abdominal aortic aneurysm one time screening for men of specified ages who have ever smoked
- Low to moderate dose statin use for adults 40-75 at higher risk
- Vitamin D supplementation to prevent falls in community dwelling for adults age 65 and older
- Over the counter and prescription smoking cessation medications for members 18 years and older

Women Preventive Services (includes pregnant women):

- Genetic counseling for women who have tested positive for BRCA
- Breast cancer chemoprevention
- Domestic and interpersonal violence - screenings & referral for intervention services
- HIV screenings for pregnant women
- Preeclampsia screening for all pregnant women
- Breast cancer mammography screenings every 1-2 years for women age 40 or older
- Bacteriuria - urinary tract or other infection screenings for pregnant women
- HPV-DNA test - high risk testing every 3 years for women with normal cytology results who are age 30 or older
- Prenatal vitamins/folic acid for women who are, may become pregnant, or are capable of pregnancy
- Osteoporosis (bone density) screening for women age 65 and over and women at higher risk
- Gestational diabetes screenings for women after 24 weeks of gestation
- Hepatitis B screening for younger women and other women at higher risk
- Cervical cancer screening for women at specified ages and intervals



TERMS TO KNOW

Beneficiary: The person who receives the insurance proceeds at the death of the insured.

Claim: An itemized statement of healthcare services and their costs provided by a hospital, physician's office, or other provider facility. Claims are submitted to the insurer or managed care plan by either the plan member or the provider for payment of the costs incurred.

Coinsurance: A percentage owed by employee after deductible is met up to the maximum out-of-pocket stated by a plan.

Copay: The amount of money a patient will pay out of their pocket each time they seek medical service.

Deductible: A flat amount of a group member must pay before the insurer will make any benefit payments.

Disability: A physical or mental condition that makes an insured person incapable of performing one or more duties of his or her occupation.

Explanation of Benefits (EOB): A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf. This will also indicate the patient responsibility.

Formulary: A list of generic and brand name prescribed medications covered by your health plan that treat the same conditions but cost less.

In-Network: UMR negotiates wholesale prices with providers across the country. Providers willing to accept wholesale prices sign a contract with UMR as "In-Network" providers. Since costs are lower with In-Network providers, your benefits are richer In-Network. You can log on to www.umar.com to find a provider in UMR's network or call the toll-free number on your ID card.

Out-of-Network: These are providers who are not contracted with UMR, thus charging higher prices for their services.

Out-of-Pocket Maximums: Dollar amounts set by the plan that limits the amount a member pays out of his or her own pocket for healthcare services during a plan year. This includes deductible, copays and coinsurance.

Premium: A prepaid payment or series of payments made to a health plan by purchasers, and often plan members, for medical benefits.

Provider: A provider may be a physician, hospital facility, urgent care center, emergency room, etc.

Taxable Benefits: Employer-provided non-cash compensation that is subject to income tax.

TPA (Third Party Administrator): An organization that processes claims and performs other administrative services for the medical plan.

This is not intended to serve as a complete list of commonly used employee benefit terms.