

Standard Plan Coverage - 2020			
Service	NHRMC Facility	UHC In Network	UHC Out of Network
Deductible			
Individual		\$1,350	\$2,000
Family		\$2,700	\$4,000
<i>Copayments, Deductible & Coinsurance Is included in Out-of-Pocket Maximum</i>			
Out-of-Pocket Maximum			
Individual		\$4,750	\$5,750
Family		\$8,313	\$13,125
Office Visit Co-pay*	You pay \$25 per visit co-pay	You pay \$35 per visit co-pay	Covered at 60% after ded
<i>*Preventative care visits are covered with no copay</i>			
Urgent Care Facility	Go to any UHC provider	You pay \$35 per visit co-pay	Covered at 60% after ded
Specialist Office Visit	Go to any UHC provider	You pay \$40 per visit co-pay	Covered at 60% after ded
Eye Exam limited to 1/year	Go to any UHC provider	You pay \$25 per visit co-pay	Covered at 60% after ded
Outpatient Services			
Outpatient Surgery	Covered at 80% after ded	Covered at 80% after ded	Covered at 60% after ded
Diagnostic X-Ray and Lab Tests	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit	Go to any UHC provider	You pay \$40 per visit co-pay	Covered at 60% after ded
Radiation/Oncology	Covered at 80% after ded	Covered 80% after deductible	Covered at 60% after ded
Preventative Services			
Scopic Procedures*	Go to any UHC provider	Covered at 100%	Covered 60% after ded
<i>*Scopic procedures that are coded as diagnostic are subject to the plan deductible and coinsurance.</i>			
Mammograms	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Well-Child Care/Immunizations	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Annual Physical	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Flu Vac/Pneumonia Vac	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Hepatitis B Vaccine	Go to any UHC provider	Covered at 100%	Covered 60% after ded
PSA (Prostate Testing)	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Glaucoma Screening	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Lipid Profile	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Well Woman Exams	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Annual Pap	Go to any UHC provider	Covered at 100%	Covered 60% after ded
Laboratory and Radiology Services			
MRI/MRA	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
CT/PET scan	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
Nuc Med scan	Covered 90% after ded	Covered 80% after ded	Covered 60% after ded
X-Ray's and Labs	Covered 100%	Covered 100%	Covered 60% after ded
Pregnancy and Maternity Care (Prenatal Care)			
Prenatal office visit care	Go to any UHC provider	You pay \$25 for first visit only	Covered 60% after ded
Delivery charges - Phy fees	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Delivery charges - Inpatient	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Amniocentesis	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Chorionic Villus Sampling	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Ambulatory Uterine Monitor	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Allergy Care			
Office Visit/Testing	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Office Visit/Injections	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Inpatient Hospital Services			
Pre-Auth of Services Required	No	No	Yes
Semi Private Room & Board	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
In-patient Therapy	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Physician and Specialist Visits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Surgeon Assistant	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Private Duty Nursing	Not covered	Not covered	Not covered
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Transplant	Not available	Cov 80% after ded at URN flcty	Not covered
Outpatient Hospital Services			
Outpatient Facility Charges	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Mental Health and Substance Abuse Benefits			
Inpatient Care	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded

Outpatient Care	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Emergency Services			
Emergency Room	You pay \$350 copay	You pay \$350 copay	You pay \$350 copay
Co-pay applied to deductible if Admitted	Yes	Yes	Yes
Pre-Auth of Services Required	No	No	No
Ambulance - Ground	Covered 80% after ded	Covered 80% after ded	Covered 80% after ded
Ambulance - Air	Covered 80% after ded	Covered 80% after ded	Covered 80% after ded
Other Services and Supplies			
Durable Medical Equipment - subject to certain limits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Prosthetic Devices - subject to certain limits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Wigs limited to \$2,500/year	Covered 100%	Covered 100%	Covered 100%
Home Health lmtd to 60 visits	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Skilled Nursing (60 days)	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Hospice Care	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Chiropractic visits (26 visits)	Go to any UHC provider	You pay \$25 per visit co-pay	Covered 60% after ded
Podiatry	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Acupuncture	Not covered	Not covered	Not covered
Hearing			
Screening	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Aid(s) lmtd to \$2,500 annual	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Audiometry Exam	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Cochlear Implants	Go to any UHC provider	Covered 80% after ded	Covered 60% after ded
Alternative Therapy			
Naturopaths	Not covered	Not covered	Not covered
Massage Therapists	Not covered	Not covered	Not covered
Family Planning			
Office Visit/Exam/Tests	Go to any UHC provider	You pay \$40 per visit co-pay	Covered 60% after ded
Inpatient Facility Procedure	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Outpatient Facility Procedure	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Physician's Services	Covered 80% after ded	Covered 80% after ded	Covered 60% after ded
Outpatient Rehab Therapy Services			
Physical & Occupational Therapy, 30 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded
Speech Therapy, 30 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded
Cardiac Rehab, 36 visits	You pay \$15 per visit	You pay \$40 per visit co-pay	Covered 60% after ded
Prescription Drug Benefits			
Generic Substitution Required ¹		Yes	
		MedImpact In-Network Pharmacy² *Maintenance meds must be filled at NHRMC Employee Pharmacy	Out of Network Pharmacy
Tier 1 30-day supply	Go to any MedImpact Network ^{2*}	You pay \$4 co-pay	Not covered
Tier 2 30-day supply	Go to any MedImpact Network ^{2*}	You pay \$20 co-pay	Not covered
Tier 3 30-day supply	Go to any MedImpact Network ^{2*}	You pay \$40 co-pay	Not covered
Standard Plan Coverage - 2020			
Service	NHRMC Facility	UHC In Network	UHC Out of Network
Tier 1 90-day supply	MedImpactDirect.com	co-pay at 2.5 times (\$10)	Not covered