

Human Resources

Sample S	Medical Benefit	2014 United Health Care Plan Design
In-Network Benefits Summary Only - No out of network benefits Annual Deductible \$0 Out of Pocket Maximum \$3,000 Physician Services - Primary Care OV Copay \$10 - Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 200% Coinsurance Inpatient Hospital Copay \$200/day Inpatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Prodiatry: 6 routine visits per year \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Emergency Room Urgent Care Centers \$25 Copay Urgent Care Centers \$25 Copay Urgent Care Centers \$25 Copay	Cost per month	\$215.12
In-Network Benefits Summary Only - No out of network benefits Annual Deductible \$0 Out of Pocket Maximum \$3,000 Physician Services - Primary Care OV Copay \$10 - Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 200 (day Inpatient Hospital Copay \$200/day Impatient Hospital Copay \$200/day Impatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient Rehabilitation Facility 10% Coinsurance Impatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Individual Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Plearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay Urgent Care Centers \$25 Copay	WFU Contribution	\$87.00
Annual Deductible \$0 Out of Pocket Maximum \$3,000 Physician Services - Primary Care OV Copay \$10 - Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 20% Coinsurance Impatient Hospital Copay \$100/day Impatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Prodiatry: 6 routine visits per year \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Hearing \$10 Copay Urgent Care Centers \$25 Copay Urgent Care Centers \$25 Copay	Cost to retiree per month	\$128.12
Physician Services - Primary Care OV Copay - Specialist OV Copay - Specialist OV Copay \$20	·	
Physician Services - Primary Care OV Copay \$10 - Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 20% Coinsurance Impatient Hospital Copay \$200/day Impatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient MH/SA \$175/day Partial Hospitalization Facility 10% Coinsurance OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay Urgent Care Centers	Annual Deductible	\$0
- Primary Care OV Copay \$10 - Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 20% Coinsurance Inpatient Hospital Copay \$2000/day Inpatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient MH/SA \$175/day Partial Hospitalization Facility 10% Coinsurance Inpatient MH/SA \$175/day Partial Hospitalization \$20 Copay OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Renal Dialysis \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Out of Pocket Maximum	\$3,000
- Specialist OV Copay \$20 Medicare Required (Part'B') Drugs 20% Coinsurance Inpatient Hospital Copay \$200/day Impatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient Rehabilitation Facility 10% Coinsurance Impatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Transplants \$1500 Copay Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Routine Eye Exam (Annual) \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Physician Services	
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Inpatient Hospital Copay \$200/day Inpatient Skilled Nursing Facility \$100/day Outpatient Copays and Coinsurance - Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Transplants \$1500 Copay Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Medicare Required Hearing \$10 Copay Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	- Specialist OV Copay	\$20
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- Lab Services \$0 - Standard film X-rays \$0 - Surgery & Observation \$1100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient Rehabilitation Facility 10% Coinsurance Inpatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Transplants \$1500 Copay Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Routine Eye Exam (Annual) \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Inpatient Skilled Nursing Facility	\$100/day
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- Surgery & Observation \$100 Copay - All Other Procedures 10% Coinsurance Outpatient OT/PT/ST 10% Coinsurance Outpatient Rehabilitation Facility 10% Coinsurance Inpatient MH/SA \$175/day Partial Hospitalization \$40 per day OP Mental Health: Group Visits \$20 Copay OP Mental Health: Individual Visits \$30 Copay Home Health Services \$0 Durable Medical Equipment 20% Coinsurance Transplants \$1500 Copay Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Routine Eye Exam (Annual) \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay (12 additional routine visits) Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	- Lab Services	\$0
- All Other Procedures Outpatient OT/PT/ST Outpatient Rehabilitation Facility Inpatient MH/SA Partial Hospitalization OP Mental Health: Group Visits OP Mental Health: Individual Visits Home Health Services Durable Medical Equipment Transplants Renal Dialysis Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Hearing Medicare Required Hearing Emergency Room Urgent Care Centers 10% Coinsurance 10% Coinsurance \$175/day \$20 Copay \$20 Copay \$20 Copay \$20 Coinsurance \$1500 Copay \$10 Copay \$20 Coinsurance	- Standard film X-rays	\$0
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Outpatient Rehabilitation Facility Inpatient MH/SA Partial Hospitalization OP Mental Health: Group Visits OP Mental Health: Individual Visits Home Health Services Durable Medical Equipment Transplants Renal Dialysis Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Hearing Emergency Room Urgent Care Centers \$10 Coinsurance \$10 Copay		
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OP Mental Health: Individual Visits Home Health Services Durable Medical Equipment Transplants Renal Dialysis Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$30 Copay \$40 \$20% Coinsurance \$1500 Copay \$10 Copay	Partial Hospitalization	\$40 per day
Home Health Services Durable Medical Equipment Transplants Renal Dialysis Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$0 20% Coinsurance \$1500 Copay \$10 Copay \$25 Copay	OP Mental Health: Group Visits	\$20 Copay
Durable Medical Equipment Transplants Renal Dialysis Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$10 Copay \$25 Copay	OP Mental Health: Individual Visits	\$30 Copay
Transplants \$1500 Copay Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year \$10 Copay Routine Eye Exam (Annual) \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay (12 additional routine visits) Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Home Health Services	\$0
Renal Dialysis 20% Coinsurance Podiatry: 6 routine visits per year Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$20% Coinsurance \$10 Copay \$10 Copay \$10 Copay \$10 Copay \$10 Copay \$25 Copay	Durable Medical Equipment	20% Coinsurance
Podiatry: 6 routine visits per year \$10 Copay Routine Eye Exam (Annual) \$10 Copay Medicare Required Dental \$10 Copay Medicare Required Chiro \$10 Copay (12 additional routine visits) Medicare Required Hearing \$10 Copay Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Transplants	\$1500 Copay
Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$10 Copay \$10 Copay \$10 Copay \$10 Copay \$25 Copay	Renal Dialysis	20% Coinsurance
Routine Eye Exam (Annual) Medicare Required Dental Medicare Required Chiro Medicare Required Hearing Emergency Room Urgent Care Centers \$10 Copay \$10 Copay \$10 Copay \$10 Copay \$25 Copay		
Medicare Required Dental\$10 CopayMedicare Required Chiro\$10 Copay (12 additional routine visits)Medicare Required Hearing\$10 CopayEmergency Room\$50 CopayUrgent Care Centers\$25 Copay	Podiatry: 6 routine visits per year	\$10 Copay
Medicare Required Chiro\$10 Copay (12 additional routine visits)Medicare Required Hearing\$10 CopayEmergency Room\$50 CopayUrgent Care Centers\$25 Copay	Routine Eye Exam (Annual)	\$10 Copay
Medicare Required Hearing\$10 CopayEmergency Room\$50 CopayUrgent Care Centers\$25 Copay	Medicare Required Dental	\$10 Copay
Emergency Room \$50 Copay Urgent Care Centers \$25 Copay	Medicare Required Chiro	\$10 Copay (12 additional routine visits)
Urgent Care Centers \$25 Copay	Medicare Required Hearing	\$10 Copay
	Emergency Room	\$50 Copay
	Urgent Care Centers	\$25 Copay
ambulance production	Ambulance	\$150 Copay

Prescription Drug Benefit	
Retail	
Tier 1 - Preferred Generic Copay	\$10
Tier 2 - Preferred Brand Copay	\$30
Tier 3 - Non-Preferred Copay	\$40
Tier 4 - Specialty Drug Copay	25%
Coverage in Coverage Gap?	Yes
Mail Order - 90 day supply	
Tier 1 - Preferred Generic Copay	\$20
Tier 2 - Preferred Brand Copay	\$60
Tier 3 - Non-Preferred Copay	\$80
Tier 4 - Specialty Drug Copay	25%
Formulary	Secure Horizons Standard Formulary
Ancillary Benefits	
Nurseline	NL8 - Nursing Hotline
Caregiver	CGV - Standard Caregiver
Transportation	Not Covered
Chiropractor	C7E - \$10/12 visits
Fitness Benefit	FTL - Silver Sneakers
Vision Plan	V8R - \$10 exam copay; 1 exam/year; Materials not covered
Vision Plan (Hardware) *	Not Covered
Hearing Plan	HHE - \$500, every 36 months
Hearing Plan (Hardware) *	Not Covered
Dental	Not Covered