

# FY17 BENEFIT SUMMARY

Benefits	EPO	PPO	CONSUMER CHOICE PLAN Replaced CEPO Effective 10/01/2015
<b>Calendar year deductible In network</b> <i>No 4<sup>th</sup> quarter deductible carryover</i>	\$500/ individual	\$500/ individual \$1,250/ family	\$500/ individual \$1,250/ family
<b>Calendar year deductible Out of Network</b>	N/A - <i>Must use in network provider</i>	\$1,500/ individual	\$1,500/ individual
<b>Co-Insurance In- Network</b>	100 / 0 %	85 / 15 %	80 / 20%
<b>Co-Insurance Out of network</b>	N/A - <i>Must use in network provider</i>	60 / 40 %	60 / 40 %
<b>Office visit co-pay In network only</b>	\$35-primary \$50-specialist	\$25-primary \$40-specialist	Deductible & Coinsurance
<b>UHC Premium Tier 1 Designated Specialist</b> <i>reduced copay</i>	\$35 specialist	\$25 specialist	Deductible and coinsurance
<b>Virtual office Visit</b> <i>Register on myuhc.com</i>	\$35	\$25	\$40 maximum cost (deductible and coinsurance)
<b>Annual Medical Out-of-Pocket Maximum - In network</b>	\$3,500/ individual \$7,000/ family	\$3,500/ individual \$7,000/ family	\$3,500/ individual \$7,000/ family
<b>Annual Medical Out of pocket Maximum - Out of network</b>	N/A - <i>Must use in network provider</i>	\$5,000/ individual \$10,000/ family	\$10,000/ individual
<b>Hospital Admission</b> <i>All elective procedures will be subject to medical necessity approval</i>	\$1,000 per confinement, plus deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room Co-pay</b> <i>Balance paid at 100% by plan</i>	\$200	\$200	Deductible & Coinsurance
<b>Out Patient Surgery</b> <i>All elective procedures will be subject to medical necessity approval</i>	\$500 per surgery	Deductible & Coinsurance	Deductible & Coinsurance
<b>Outpatient Lab and X-Ray</b> <i>Be sure to use in network lab or radiology provider regardless of referring doctor</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Colonoscopy, Endoscopy and Mammograms</b>	100%	100%	100%
<b>Preventive Services</b>	100%	100%	100%
<b>Urgent Care Specialty co-pay</b>	\$50	\$40	Deductible & Coinsurance
<b>Ambulance</b> <i>Balance paid at 100% by plan</i>	\$100 co-pay	\$100 co-pay	Deductible & Coinsurance
<b>Hearing Aid Benefit</b>	\$1000 every 3 years	\$1000 every 3 years	\$1000 every 3 years

**Plan changes are highlighted in yellow**  
See reverse side for Pharmacy Information

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## PHARMACY INFORMATION

Pharmacy Benefit Management – EnvisionRX at 800-361-4542  
 Costco mail order 800-607-6861 and Costco specialty program 866-443-0060

	EPO	PPO	Consumer Choice Plan
<b>Annual Pharmacy Out-of-Pocket Maximum</b>	<b>\$2,500 individual \$5,000 family</b>	<b>\$2,500 individual \$5,000 family</b>	<b>\$2,500 individual \$5,000 family</b>
<b>Generic (Tier 1)</b>	\$10 / \$20 (90-day)	\$10 / \$20 (90-day)	20% (\$5 min/\$35 max)
<b>Preferred Brand (Tier 2)</b>	\$30 / \$60 (90-day)	\$30 / \$60 (90-day)	20% (\$20 min/\$60 max)
<b>Non-Preferred Brand (Tier 3)</b>	\$50 / \$100 (90-day)	\$50 / \$100 (90-day)	20% (\$40 min/\$100 max)

**Below are some provisions of the pharmacy plan to be aware of.**

<b>Prior Authorization</b>	Prior authorization from your doctor is needed for some medications. The pharmacy will alert you when a prior authorization is needed on a particular drug.
<b>Quantity Limits</b>	There may be a limit on the number of units per day, per period, or per prescription, based on FDA approved indications and normal monthly usage.
<b>Pay the Difference</b>	Participants will pay the brand co-pay plus the difference in cost between the brand drug and the available corresponding generic drug when a true generic is available and deemed acceptable by the prescribing physician
<b>Specialty Drug Program</b>	Must use COSTCO to fill prescriptions considered “specialty drugs”

## Additional FY17 Plan Enhancements Effective October 1, 2016

<b>Spine and Joint Solution and Cancer Support Program</b>	<ul style="list-style-type: none"> <li>Case management programs that assist with treatment options and directs patients to “centers of excellence” for better outcomes and ultimately lower costs to the patient and plan.</li> <li>Helps patient navigate the complex healthcare system.</li> </ul>
<b>Real Appeal (effective 08/01/2016)</b>	<ul style="list-style-type: none"> <li>Evidence based weight loss program that offers an individually customized program and support with accountability.</li> <li>Customized plan and ongoing expert coaching for duration of membership in program</li> </ul>
<b>Virtual Visits</b>	<ul style="list-style-type: none"> <li>A virtual visit lets you see and talk to a doctor from your mobile device or computer.</li> <li>Non -emergency conditions; nothing requiring exam or test, or sprains or broken bones.</li> <li>EPO &amp; PPO pay primary co-pay. Consumer Choice pays \$40 maximum with deductible or coinsurance</li> </ul>