

# Medical Insurance

# Everyone should be insured

While the Affordable Care Act “individual mandate” requiring everyone to have medical insurance coverage is no longer in effect, it is critical to have medical insurance coverage. Your options are:

- **Enroll in a UA medical insurance plan**
- Remain enrolled in your current plan  
(perhaps through your parent or spouse, Medicaid, or Medicare)
- **Enroll in other coverage.** Keep in mind that if you are eligible to be in the UAMS plan, you likely won't be eligible for a government subsidy to pay the premiums through the Marketplace. Too, the Marketplace may not be having open enrollment at this time.

# UA Medical Insurance

- 3 plans offered. All are officially called **University of Arkansas Health Plans** because we're self-funded and self-insured.
- The University contracts with these vendors to process claims according to our plan:
  - Medical benefits: **UMR**
  - Prescription benefits: **MedImpact**
- Refer to rate sheet for premiums

# You choose your medical plan

## Classic

similar to an HMO

## Premier

“gold” plan

## Health Savings

qualified high deductible plan  
paired with an HSA

- Refer to **University of Arkansas “At a Glance” Medical Plan Options** to compare the plans
- Once you pick a plan, you are locked into that plan for the rest of the calendar year. During fall open enrollment you can elect to change to another plan starting January of the following year.
- FYI, most employees are enrolled in Classic and it is the default plan.

## What's the same in all 3 plans?

- Medical claims are processed by UMR, prescription claims by MedImpact
- Preventive care (per United States Preventive Services Task Force guidelines) is covered at 100% if you go in-network
- Access to ancillary services provided by UMR and the University:
  - Real Appeal weight loss, maternity incentive, disease management
  - 24 hour nurseline, virtual office visits
- Same nation-wide network of doctors and providers

## Preventive Care: You pay \$0, covered in full by insurance when you go **in-network** for:

- ✓ Annual physical exam by PCP or gynecologist
- ✓ Well baby/child visits & immunizations through age 18
- ✓ Flu immunization, Shingles vaccine at age 60
- ✓ Annual mammogram
- ✓ Annual pap smear
- ✓ Annual prostate antigen testing
- ✓ Colorectal cancer screenings
- ✓ Bone density screening (generally starting at age 65)
- ✓ Tobacco free 4-life 12-week smoking cessation program (Chantix prescription and 2 office visits if you enroll in UMR program)
- ✓ Nutritional counseling (one visit a year, more visits if BMI is 27+ and pre-authorized)



# What does **in-network** mean?

A doctor, hospital or other health care provider listed in the network by UMR (a UnitedHealthCare company). The network is nation-wide.

Local hospitals are in-network:

- ✓ UAMS
- ✓ St. Vincent
- ✓ Ark. Children's
- ✓ Baptist
- ✓ Ark. Heart

# How to find an in-network doctor or other provider

- Go to [www.umar.com/oss/cms/UMR/UAS](http://www.umar.com/oss/cms/UMR/UAS).  
Note the different link on this site to check to find a provider outside Arkansas.
- Or visit the UAMS HR home page, [www.hr.uams.edu](http://www.hr.uams.edu), select “Benefits” and scroll down to the medical insurance section.

# What's the difference in the plans?

## Classic

Default “middle range” plan. Open to everyone.

Must go in-network for all care. Exception for emergencies or for medical services not available in-network and UMR has authorized, in advance, for you to go out-of-network.

## Premier

“Gold” plan. Open to everyone. Lowest deductible and out-of-pocket max. But higher premium cost.

Out-of-network benefits available, but at a higher cost sharing than in-network.

## Health Savings Plan

“High deductible/consumer driven health plan.” Must not be on Medicare or have any other coverage. Highest out-of-pocket expense at the doctor, but lowest premium cost. You pay all expenses through your Health Savings Account or out of your pocket until you satisfy the deductible.

Out-of-network benefits available, but those costs will be greater.

## What is ?

- All 3 plans offer an incentive/discount for coming to UAMS for your healthcare, called “SmartCare”
- You don’t have to sign-up for SmartCare. Savings are automatically applied simply by coming to UAMS.
- SmartCare is available to employees at all University of Arkansas campuses and to their families that are covered under a UA medical plan

# SmartCare Concierge Service

How can I facilitate making your first appointment at UAMS?

Email your request to:

**[smartcare@uams.edu](mailto:smartcare@uams.edu)**

("Smart Care Appointments"  
under Global)



Or call

**(501) 686-8749**

This is a dedicated number  
just for UAMS employees



team **uams**

## SmartCare video

[https://youtu.be/QWeYoGH\\_azA](https://youtu.be/QWeYoGH_azA)

## More about



- All UAMS doctors and clinics are in-network under our health insurance
- Most, but not all, are also part of SmartCare. To be SmartCare the facility must be owned or leased by UAMS, staffed by UAMS, and billed by UAMS.  
For example, UAMS pediatricians who see patients at Ark. Children's Hospital, while in-network, are not part of SmartCare.
- **Looking for a PCP** (Primary Care Physician)? Check out the UAMS Family Medicine, Internal Medicine and Geriatric clinics. All are under SmartCare.
- “Find a Doc” at [www.uamshealth.com](http://www.uamshealth.com)

**uams smartcare** facilities

- ✓ UAMS Hospital & Clinics on the main campus
- ✓ UAMS Neighborhood Clinics (Chenal, Rahling, Autumn, Maumelle, Capitol Mall, Shackleford, Colonel Glenn)
- ✓ UAMS Regional Family Medical Centers
- ✓ UAMS Psychiatric Providers (including Child Study Center, NWA Outpatient & STRIVE)
- ✓ UAMS Women's Center
- ✓ UAMS physicians who bill through UAMS MCPG but are located at Freeway Medical or Baptist Inpatient Rehab (which are not SmartCare facilities)

These are not SmartCare

- ✗ Ark. Children's Hospital (including Dennis Development Center)
- ✗ UAMS pediatricians (unless they practice at a UAMS SmartCare facility)
- ✗ Baptist Rehab Institute for Outpatient Therapy
- ✗ Baptist Psychiatric Facility
- ✗ Freeway Dialysis Services
- ✗ VA and NLR VA Hospitals
- ✗ NW Ark Centers for Children (located in Lowell)
- ✗ UAMS physicians with privileges at other non-UAMS facilities

Back to how our medical insurance works

## When you go **IN-NETWORK** for care...

some things are  
covered in full  
by insurance

some things may  
be subject to a  
copay

some things may be  
subject to  
deductible and/or  
coinsurance

Refer to **University of Arkansas “At a Glance”  
Medical Plan Options chart**



## Copay

A fixed amount (\$20 for example) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

For example, in Classic and Premier you pay a copay for a doctor's office visit. **But other procedures such as labs, x-rays and other in-office procedures may be subject to coinsurance and/or a deductible unless in conjunction with a preventive care visit (e.g. annual physical).** You also pay a copay for most prescription drugs in Classic and Premier.

## Deductible + Coinsurance

**DEDUCTIBLE** = amount you pay up front, each year, on medical services before insurance pays. The max family deductible is 2 times the individual deductible.

**COINSURANCE** = % of the bill you pay, generally after you satisfy your deductible. You pay a percent (25% in-network for example) and the insurance pays a percent (75%).



# Annual out-of-pocket maximum – “OOP max”

The OOP max gives you financial protection, a safety net.

Once you reach your OOP max, you stop paying for covered services for the rest of the year. You keep getting your covered medical and hospital services as usual and the plan will pay full cost.

## Classic and Premier

- New employees/enrollees who successfully complete the Tobacco Pledge will be defaulted into the lower “wellness” OOP max in their first calendar year of coverage. Later you will have an opportunity to participate in the wellness incentive program to maintain the wellness reward in future years.
- Medical OOP max applies to copays, annual deductible and coinsurance. A separate pharmacy OOP max applies to prescriptions covered under the formulary.

## Health Savings

- OOP max applies to annual deductible and coinsurance on both medical and prescription costs (no separate OOP max for prescriptions)

## How the CLASSIC plan works

- You pay **copays** for doctor and specialist visits, certain other expenses and prescription drugs
- You pay **coinsurance** (a percent of the bill) for diagnostic labs in a doctor's office visit
- You pay all other covered expenses in full until you meet your **deductible**
- Once you meet your deductible, you and the University share the cost of covered services through **coinsurance**
- If you reach the medical **out-of-pocket maximum**, the Plan pays 100% of all eligible expenses for the rest of the calendar year
- You must use **in-network** doctors and providers. The network is nationwide. Benefits are not paid for services outside the network, except in emergencies.
- You pay a \$18, \$62 or \$97 **copay for prescription drugs** covered under the formulary



## How the PREMIER plan works

- Similar to Classic. But you'll pay the least out-of-pocket when you receive medical care.
- You pay **copays** for doctor and specialist visits, inpatient hospital admission, certain other expenses and prescription drugs
- You pay all other covered expenses in full until you meet your **deductible**
- Once you meet your deductible, you and the University share the cost of covered services through **coinsurance**
- If you reach the medical **out-of-pocket maximum**, the Plan pays 100% of all eligible expenses for the rest of the calendar year
- You have the option to see an out-of-network provider, but your cost share will be higher than had you gone in-network.
- You pay a \$14, \$55 or \$92 **copay for prescription drugs** covered under the formulary.

## More about PREMIER

- Calculate what the higher premiums would cost you annually, particularly in comparison to the Classic plan
- Then estimate if the richer benefits would make the higher premium worthwhile
- May be a good option if:
  - You anticipate being admitted to the hospital (for example, pregnancy, knee replacement)
  - You see a doctor frequently and are on expensive medications

# How the HEALTH SAVINGS plan works

- It is an IRS-qualified **high deductible/consumer driven** plan
- It is paired with a **Health Savings Account (HSA)** which you can fund with pre-tax dollars through payroll deduction. The University will also contribute to your HSA.
- Until you meet the deductible, you pay for **all** medical care and prescription drugs from your HSA or out of your pocket. **Deductible is \$2,800 individual, \$5,400 family.**
- You must commit to funding your HSA so that you can cover your deductible and other medical costs in the future
- Once you meet your deductible, you and the University share the cost of covered services through **coinsurance**
- If you reach the medical **out-of-pocket maximum**, the Plan pays 100% of all eligible expenses for the rest of the calendar year
- You have the option to see an out-of-network provider, but you will pay more for your care



# Setting up your HSA

- If you enroll in the HEALTH SAVINGS plan, you would also need to open a **Health Savings Account**.
- Your HSA will be set up at **Optum Bank**.
- An HSA is similar to a checking account -- once money is deposited, it's available for you to spend on eligible medical, dental and vision expenses (You are held responsible by the IRS for spending HSA funds only on qualified expenses, else subject to taxes + 20% penalty.)
- But there is no “use it or lose” it like a Flexible Spending Account
- If you already have an HSA through another bank, you can transfer it or roll it over to Optum Bank

# How to fund your HSA

- Set up pretax payroll deduction
  - You can change amount at any time
  - Try to at least put your premium savings here
  - Max you can contribute via payroll deduction in 2021 is **\$3,100 single, \$6,200 family**. These amounts, combined with the University's contribution\*, would reach the IRS limit of \$3,600 single, \$7,200 family. Increase limit by \$1,000 if age 55+.
- In 2021, the University will contribute **\$500 single, \$1,000 family to your HSA, prorated if you enroll mid-year**. You can also make deposits with after-tax dollars and may claim tax savings when you file your tax returns
- You are responsible for monitoring the limit
- Remember, HSAs are limited to those enrolled in the Health Savings Plan

# More about HEALTH SAVINGS/HSA

- May be a good option if:
  - You are healthy and rarely get sick or injured
  - You're not on expensive medications
  - You can afford to pay the \$2800 single/\$5400 family deductible up front if an unexpected medical expense comes up, perhaps because you had this type of plan at your previous employer and already have HSA savings
  
- May be a bad option if:
  - You have a chronic condition and need to see a doctor frequently
  - You are pregnant or planning to have surgery
  - You have small children
  - You or your children play sports, especially those with high risk of injury
  - You don't have the budget to pay the full price of a medical bill or prescription out of pocket



## Benefit Cost Comparisons

The next three slides show what you'd pay for a specialist doctor office visit, a hospital stay, and maternity in each of the three plans.

Refer to University of Arkansas “At a Glance” Medical Plan Options for additional examples.

# Your cost for specialist visit



	<i>If you go in-network</i>	<i>If you go to</i> 
Classic	<p><b>\$55 copay</b> + <b>25%</b> coinsurance for any diagnostic labs Must satisfy <b>\$1,250</b> deductible and pay <b>25%</b> coinsurance on any in-office surgery/procedure</p>	<p><b>\$40 copay</b> + <b>20%</b> coinsurance for any diagnostic labs Must satisfy <b>\$750</b> deductible and <b>20%</b> coinsurance on any in-office surgery/procedure</p>
Premier	<p><b>\$45 copay</b> + <b>20%</b> coinsurance for any diagnostic labs Must satisfy <b>\$700</b> deductible and <b>20%</b> coinsurance on any in-office surgery/procedure</p>	<p><b>\$30 copay</b> + <b>15%</b> coinsurance for any diagnostic labs Must satisfy <b>\$200</b> deductible and <b>15%</b> coinsurance on any in-office surgery/procedure</p>
Health Savings	<p>satisfy <b>\$2,800 deductible</b> Then <b>10%</b> coinsurance</p>	<p>satisfy <b>\$2,800 deductible</b> Then <b>5%</b> coinsurance</p>

Keep in mind that the coinsurance % will not apply once you reach your Out-of-Pocket Maximum.

# Your cost for hospital stay



	<i>If you go in-network</i>	<i>If you go to</i> 
Classic	<b>\$300</b> copay + satisfy <b>\$1,250</b> deductible + <b>25%</b> coinsurance	<b>\$150</b> copay + satisfy <b>\$750</b> deductible + <b>20%</b> coinsurance
Premier	<b>\$300</b> copay + satisfy <b>\$700</b> deductible + <b>20%</b> coinsurance	<b>\$150</b> copay + Satisfy <b>\$200</b> deductible + <b>15%</b> coinsurance
Health Savings	satisfy <b>\$2,800</b> deductible + <b>10%</b> coinsurance	satisfy <b>\$2,800</b> deductible + <b>5%</b> coinsurance

# Your cost to have a baby is the same as a hospital stay



- Hospital inpatient costs apply at delivery
- You pay \$0 for covered prenatal care and physician delivery charges
- **Be sure to add newborn through Human Resources within 1 month of birth. Don't wait for the SSN!**

TIP: Reduce your cost by \$300 by enrolling in UMR Maternity Management program in your first trimester. Call 866-494-4502 or refer to brochure found on our website.

# Emergency Benefit

(UAMS SmartCare savings do not apply)

While traveling, you are covered anywhere in the world for sudden onset of unforeseen illness or accident.



But you can lower your costs by going to an in-network provider.

You must notify UMR within 24 hours if you are admitted to a nonparticipating hospital.

If possible, use network hospitals or urgent care centers for emergency services.

**CLASSIC and PREMIER:** Emergency Room Copay is waived if admitted. If not admitted, pay **\$250** per visit, increased to **\$350** if the visit is non-emergency. \$100 Ambulance Copay is waived if admitted.

**HEALTH SAVINGS:** You pay entire cost until \$2,800 deductible is met.

# Out-of-network benefits under PREMIER and HEALTH SAVINGS

*Remember, there are NO benefits in the Classic plan if you go out-of-network.*

- You have a **separate deductible** to satisfy: \$2,000 Premier (\$4,000 family), \$2,800 Health Savings (\$5,400 family). This is an additional deductible from the in-network deductible.
- Then insurance covers **50%** based on Maximum Allowable Charges. You pay other 50% coinsurance.
- **Separate out of pocket maximum** (in addition to in-network out of pocket max): \$9,000 Premier, \$9,800 Health Savings (x 2 for family)
- Your out-of-network doctor may “balance bill” you the amount over UMR’s fee schedule. Your actual cost may be 50% + difference between actual and allowable expenses.

# Regardless of the plan you choose

- **Make sure your current PCP (primary care provider/physician) is in-network. Or if you don't have a PCP, select one.** Your PCP is the best place to start when you need any type of health care.
- OK for each family member to have a different PCP
- If your PCP refers you to another doctor in the network, no UMR referral approval is necessary
- When in doubt as to your coverage or plan benefits, contact UMR toll-free at **1-888-438-6105** or log in at [www.umar.com](http://www.umar.com)

## Check out these unique health management programs

**Real  
Appeal<sup>®</sup>**

**Weight loss  
that's free.\***

**They will save  
you money**

**Save \$300**

by making the right call  
to enroll in Maternity  
Management

The background of this box is a light green color with a faint, stylized image of several US dollar bills.

*The U of A*  
**Tobacco-free 4 life  
program**



*The U of A*  
**Nutritional Counseling  
& Weight Management**





# Telemedicine

- Our plan covers virtual visits with your doctor, as long as it is billed to insurance.
- **UAMS HealthNow** - visit [www.UAMShealth.com/HealthNow](http://www.UAMShealth.com/HealthNow) for more information. Get convenient, real-time visits with a UAMS medical provider via your smartphone, tablet or computer – 24/7.
- You'll also have access to UMR's **Teladoc** program

# Wellness Program

- Check out these rewards for participating and completing required wellness steps!
  - Classic: out-of-pocket max reduced by \$1,400 single, \$2,800 family.
  - Premier: out-of-pocket max reduced by \$500 single, \$1,000 family
- Only one step for you to take as a new employee to receive the reward: **take the Tobacco Pledge when you complete your onboarding benefit enrollment tasks and indicate you are a non-user and/or commit to a cessation program.** Later you may have other tasks to complete in order to continue receiving the wellness reward, such as visiting your PCP for your annual wellness exam and renewing your tobacco pledge.
- Visit HR and “Get Healthy UAMS” websites for opportunities to improve your health.

## \*Tobacco Surcharge

- In support of the University's tobacco-free efforts, a monthly **\$50 surcharge** (\$23.08 if you're paid biweekly) will be deducted from your pay, separate from your medical premium, if:
  - You do not complete the Tobacco Pledge, or
  - You use tobacco and do not choose to participate in a cessation program.
- The surcharge will not apply if on the Tobacco Pledge you indicate:
  - You are not a tobacco user, or
  - You are a tobacco user but will enroll in a cessation program within the next 90 days.

\* "Tobacco" includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes); applied to the gums, chewed, or ingested (e.g., dipping or chewing leaf tobacco); and/or inhaled (e.g., snuff, vaporizers or electronic cigarettes).

# Prescription Drug Benefit

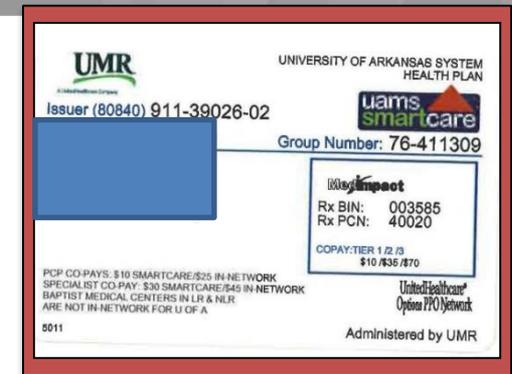
- **CLASSIC, PREMIER:** You will pay a copay for each 30-day supply of prescriptions
- **HEALTH SAVINGS:** You will pay all of the costs of your prescriptions until you satisfy your deductible, then you will pay 10% coinsurance
- Want to check your price for a prescription? Visit [www.uasys.edu](http://www.uasys.edu), select Benefits, Health & Wellness, Prescription Drugs to find the link (no log in required).  
*Please note that some drugs are subject to quantity limits, step therapy, prior authorization, or reference based pricing.*



# UAMS Outpatient Pharmacy

- While most pharmacies in Arkansas are included in the MedImpact network, **consider our very own pharmacy**
- Conveniently located on campus, 1<sup>st</sup> floor, UAMS Outpatient Center
- Delivery service on campus. Get your refills without leaving the office.
- Convenience of payroll deduction

# Insurance Card



- UMR will send you medical cards with your unique member ID number
- Show the card to both your doctor and your pharmacy
- All covered family members will be listed on each card



- Check out UMR's website, [www.umar.com](http://www.umar.com)
- After registering as a Member you can...
  - ✓ Check status of claims, print an EOB (explanation of benefits)
  - ✓ Order new ID cards, print temporary cards
  - ✓ View a description of your benefit plan
  - ✓ Health resources

# Benefit Questions?



- Call Human Resources at (501) **686-5650**
- Visit the Office of Human Resources Monday-Friday, 7:30 - 4:30, located on 4<sup>th</sup> floor, wing C of Central Building
- Send an email to **AskHR@uams.edu**
- Visit our web site at **hr.uams.edu** or the UA System web site at **uasys.edu**