



UNIVERSITY OF ARKANSAS Medical Plans Comparison showing UAMS SmartCare

This is not a legal document. Complete benefit descriptions and exclusions are contained in the Summary Plan Description available through your campus HR Office. Please note that all medical services (e.g., durable medical equipment, hospice, ambulance, some therapies, chiropractic) may not be available at UAMS.

Effective: January 1, 2020

For UAMS appointments, call the
SmartCare Concierge
(501) 686-8749

	CLASSIC under 	CLASSIC under Other In-Network Providers	PREMIER under 	PREMIER(j) under Other In-Network Providers	HEALTH SAVINGS PLAN under 	HEALTH SAVINGS PLAN(j) under Other In-Network Providers
INDIVIDUAL DEDUCTIBLE (c)	\$750	\$1,250	\$200	\$700	\$2,800	
FAMILY DEDUCTIBLE	\$1,500	\$2,500	\$400	\$1,400	\$5,400	
COINSURANCE (d)	20%	25%	15%	20%	5%	10%
OUT OF POCKET MAXIMUM (g)						
Individual (If complete wellness)(h)	\$4,750 (\$3,350)	\$5,250 (\$3,850)	\$2,550 (\$2,050)	\$3,050 (\$2,550)	\$6,250	\$6,750
Family (If complete wellness) (h)	\$9,500 (\$6,700)	\$10,500 (\$7,700)	\$5,100 (\$4,100)	\$6,100 (\$5,100)	\$12,300	\$13,300
PRIMARY CARE OFFICE VISIT(b)	\$20 copay	\$35 copay	\$10 copay	\$25 copay	5% after deductible	10% after deductible
SPECIALIST OFFICE VISIT(b)	\$40 copay	\$55 copay	\$30 copay	\$45 copay	5% after deductible	10% after deductible
ROUTINE ANNUAL EYE EXAM	\$10 copay	\$35 copay	\$10 copay	\$25 copay	5% after deductible	10% after deductible
DIAGNOSTIC LAB TESTING (In office)	20% coinsurance	25% coinsurance	Paid in full	Paid in full	5% after deductible	10% after deductible
PREVENTIVE CARE SERVICES(a) Annual Wellness Exams (at PCP or OB/GYN); Well Baby/Child Visits; Immunizations; Mammograms (first one each year); Colorectal Cancer Screening	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
HOSPITAL INPATIENT SERVICES (e) Semi-private/Intensive care room & board & Maternity inpatient services	\$150 copay + deductible + 20% coinsurance	\$300 copay + deductible + 25% coinsurance	\$150 copay	\$300 copay	5% after deductible	10% after deductible
EMERGENCY ROOM (Copay waived if admitted)	\$250 copay		\$250 copay		10% after deductible	
THERAPY Speech , PT, OT, Chiropractic (30 visits combined, pre-approval required for additional visits)	\$ 35 copay + deductible + coinsurance		\$25 copay + deductible + coinsurance		10% after deductible	
MATERNITY (f)	Hospital Inpatient costs apply at delivery; no member cost for covered prenatal care and physician delivery charges		Hospital Inpatient costs apply at delivery; no member cost for covered prenatal care and physician delivery charges		5% after deductible	10% after deductible
ADVANCED IMAGING (CT, PET, MRI, & Nuclear Medicine) Prior authorization required	\$50 copay + deductible + coinsurance	\$100 copay + deductible + coinsurance	deductible + coinsurance		5% after deductible	10% after deductible
URGENT CARE VISIT	Not available	\$55 copay	Not available	\$50 copay	Not available	10% after deductible
OUTPATIENT SERVICES						
a. Diagnostic Lab Services	a. 20% coins	a. 25% coins	deductible + coinsurance		5% after deductible	10% after deductible
b. Diagnostic Testing and Surgical Services	b. deductible + 20% coins.	b. \$150 copay + ded. + 25% coins.				
PRESCRIPTION DRUGS (i) \$1,700 OOP Max Individual \$3,400 OOP Max Family (Separate from Medical OOP Max)	\$17 Tier1 \$60 Tier 2 \$95 Tier 3		\$12 Tier1 \$55 Tier 2 \$90 Tier 3		10% after deductible OOP medical and RX OOP are combined	

FOOTNOTES:

(a) **Preventive care services** from an In-Network provider include:

- Well baby/child visits from birth until the day the child attains age 19
- Preventive care services and cancer screenings per the U.S. Preventive Task Force Recommendations. See the Summary Plan Description for details on coverage.

Note that mammograms and nutritional counseling/weight management are not covered if you go out-of-network.

(b) **Co-Payment (“copay”)** means a fixed dollar amount that you must pay each time you receive a particular medical service. You pay a copay when you obtain health care directly from your Network Primary Care Physician (PCP) or Network Specialist. Referrals are NOT required for Network Specialist office visits.

(c) **Deductible** means a fixed dollar amount that you must incur each calendar year before the health plan begins to pay for covered medical services. In-network deductibles do not apply to out-of-network deductibles and vice versa. Two individual deductibles = family deductible

(d) **Co-insurance (“coins”)** means a fixed percentage of charges you must pay toward the cost of covered medical services, after satisfying the annual deductible.

(e) Maximum combined **inpatient copays** per calendar year is \$1,200 per person (no more than one hospital admission copay per 30 calendar days).

(f) **Maternity** inpatient charges are subject to deductible, co-payment and coinsurance. It is your responsibility to notify UAMS Human Resources and submit the required enrollment forms within 31 days of the birth or adoption of your child in order to obtain **coverage for your newborn**.

(g) **Medical Out of Pocket Maximum** is the maximum combined deductible, coinsurance and copayments you will pay in any calendar year. It does not include costs for services not covered by the plan such as exclusions, limitations and pharmacy copayments. In the Classic and Premier Plans the maximum OOP for prescriptions drugs is a separate OOP from medical expenses. In the Health Savings Plan the medical OOP and pharmacy OOP are combined. Family OOP max requires two individual family member meet the individual OOP max.

(h) **Wellness incentive** requirements will be announced to employees the prior year and may include one or more of the following: completion of annual biometric screening, on-line health risk assessment, selection of a Primary Care Physician, preventive care, tobacco free, and participation in disease management programs. Employees who enroll in the health plan after the annual wellness window will be subject to the lower OOP max in their first calendar year of coverage. Wellness incentives, including the reduced OOP max, do not apply to retiree, surviving family or COBRA members.

(i) **In the Classic and Premier Plans, co-payments at non-participating pharmacies** will be \$20.00 for Tier 1, \$60.00 for Tier 2, and \$95.00 for Tier 3. If a new enrollee has to get a prescription prior to receiving his/her pharmacy card, he/she will have to pay for the prescription in full, apply for reimbursement, and will be reimbursed less the \$20.00, \$60.00, or \$95.00 co-payments. Alternatively, if the enrollment process has been completed and benefits are in effect, a temporary prescription drug ID card can be printed by going to www.medimpact.com, registering and clicking on ‘member ID card’. A complete summary of prescription drug benefits is also on the above web-address. Excluded or non-covered medication or devices do not apply to the OOP maximum.

(j) **Out-of-network benefits are available.** If services are received out-of-network, a higher out-of-network annual deductible, higher coinsurance percentage and higher out-of-pocket maximums apply. In-network deductibles do not apply to out-of-network deductibles and visa versa. For more information about out-of-network coverage, or to get a copy of the complete terms of coverage, visit www.UMR.com or contact UMR at 1-888-438-6105. When you obtain health care through a Non-UA-UMR Provider, your benefit payments for covered services will be based on the Maximum Allowable Payment for out-of-network services, as determined by UMR. Charges in excess of the Maximum Allowable Payments do not count toward meeting the deductible or meeting the limitation on your co-insurance maximum. Non-UA-UMR Providers may bill the patient for amounts in excess of the Maximum Allowable Payment.

The following procedures will require pre-authorization before the services are rendered:

1. Any admission to Inpatient Facilities or Partial Hospitalization Units
2. Any referral by your PCP to an Out-of-Network Provider
3. Pre-Natal/Maternity Care
4. Home Health Care, Home Infusion Services, or Hospice (inpatient or outpatient)
5. Transplant Services (including the evaluation to determine if you are a candidate for a transplant by a transplant program)
6. All Advanced Imaging (CT, MRI, Thallium Stress Test, PET; go to www.UMR.com for a complete listing), regardless of place of service.
7. MRI of the breast

NOTE: Certain other services have special Pre-authorization requirements: Surgical treatment of TMJ, Accidental Injury to Teeth. Procedures for testing and treatment of a diagnosed condition are subject to deductible and co-insurance.

University of Arkansas Disease Management Programs:

- Smoking cessation program provides free PCP visits and zero copay for Chantix, a medication for nicotine addiction.
- Diabetes Management Initiative and Healthy Heart Programs provide the opportunity for zero copays on many generic medications. For more information on this and other wellness programs, call UMR at 1-866-575-2540.
- Nutritional Counseling and Weight Management Services: One annual visit with a dietitian and up to 3 additional visits in conjunction with health coaching for those who have a BMI of 27 and above. Prior authorization is required and continued approval contingent upon compliance with health coaching engagement. Metabolic weight loss programs are reimbursable up to \$1000/life time for individuals with a BMI of 30 and above who participate in health coaching (prior authorization required). Call UMR at 1-888-438-6105 for more information.