



“At a Glance” Medical Plans Comparison

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

Effective: January 1, 2022

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

	CLASSIC under 	CLASSIC under Other In-Network Providers	PREMIER under 	PREMIER under Other In- Network Providers	HEALTH SAVINGS PLAN under 	HEALTH SAVINGS PLAN under Other In-Network Providers
INDIVIDUAL DEDUCTIBLE	\$800	\$1,350	\$400	\$800	\$2,800	
FAMILY DEDUCTIBLE	\$1,600	\$2,700	\$800	\$1,600	\$5,400	
COINSURANCE	20%	25%	15%	20%	5%	10%
OUT OF POCKET MAXIMUM						
Individual (If complete wellness)	\$4,750 (\$3,350)	\$5,250 (\$3,850)	\$2,550 (\$2,050)	\$3,050 (\$2,550)	\$6,250	\$6,750
Family (If complete wellness)	\$9,500 (\$6,700)	\$10,500 (\$7,700)	\$5,100 (\$4,100)	\$6,100 (\$5,100)	\$12,300	\$13,300
PRIMARY CARE OFFICE VISIT	\$20 copay	\$35 copay	\$10 copay	\$25 copay	5% after deductible	10% after deductible
SPECIALIST OFFICE VISIT	\$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
PREVENTIVE CARE SERVICES ACA and ACIP compliant wellness and well-baby visits, immunizations and screenings	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
HOSPITAL INPATIENT SERVICES	\$150 copay + deductible + 20% coinsurance	\$300 copay + deductible + 25% coinsurance	\$150 copay + deductible + 15% coinsurance	\$300 copay + deductible + 20% coinsurance	5% after deductible	10% after deductible
EMERGENCY ROOM VISIT (Copay waived if admitted)	\$350 copay (waived if admitted) + deductible + 25% coinsurance		\$350 copay (waived if admitted) + deductible + 20% coinsurance		10% after deductible	
THERAPY Speech, PT, OT, (copay on 1 st evaluation visit only) Max 30 visits combined, pre-approval required for additional visits	\$40 eval copay + deductible + 20% coinsurance	\$55 eval copay + deductible + 25% coinsurance	\$30 eval copay + deductible + 15% coinsurance	\$45 eval copay + deductible + 20% coinsurance	5% after deductible	10% after deductible
MATERNITY No member cost for covered routine prenatal care	Hospital Inpatient costs apply at delivery		Hospital Inpatient costs apply at delivery		ded + 5% for hospital admission and non-routine prenatal	ded + 10% for hospital admission and non-routine prenatal
ADVANCED IMAGING (CT, PET, MRI, & Nuclear Medicine) Prior authorization required	\$75 copay + deductible + 20% coins.	\$150 copay + deductible + 25% coins.	\$50 copay + deductible + 15% coins.	\$100 copay + deductible + 20% coins.	5% after deductible	10% after deductible
URGENT CARE VISIT	Not available	\$55 copay	Not available	\$50 copay	Not available	10% after deductible
DISPOSABLE MEDICAL SUPPLIES (test trips, oxygen filters, lancets, etc.)	Not available	Up to \$800 paid with no OOP	Not available	Up to \$800 paid with no OOP	Not available	10% after deductible
OUTPATIENT SERVICES						
a. Diagnostic Lab Services	a. 20% coins.	a. 25% coins.	a. 15% coins.	a. 20% coins.	5% after deductible	10% after deductible
b. Diagnostic Testing and Surgical Services	b. deductible + 20% coins.	b. \$160 copay + ded. + 25% coins.	b. deductible + 15% coins.	b. \$80 copay + ded. + 20% coins		
PRESCRIPTION MEDICATIONS (Separate from Medical OOP Max for Classic and Premier plans)	\$18 Tier1 \$62 Tier 2 \$97 Tier 3 (\$1700 ind/\$3400 fam OOP max)		\$14 Tier1 \$57 Tier 2 \$92 Tier 3 (\$1700 ind/\$3400 fam OOP max)		10% after deductible Prescription OOP is combined with medical OOP max	

Deductible (“ded”) is the fixed dollar amount you pay each year before the health plan begins to pay for covered services. In-network deductibles and out-of-network deductibles accumulate separately and do not cross apply.

Coinsurance (“coins”) is the fixed percentage of charges you must pay toward the costs of covered services after paying the annual deductible.

Copayment (“copay”) is the fixed dollar amount you pay each time you receive a particular medical service or supply.

Medical Out-of-Pocket Maximum (“OOP”) is the total combined deductibles, coinsurance and copayments you will pay in any calendar year. It does not include the separate pharmacy out-of-pocket and does not include non-covered services.

Preventive Care Services include well baby/child visits, annual wellness exams, screenings and immunizations as provided in the ACA and ACIP guidelines.

Out-of-Network Care is not available to those enrolled in the Classic Plan (other than emergency services and prior-authorized services). The health plan has access to an extensive in-network array of local and national providers, facilities and centers of excellence. Additional out-of-pocket expenses do apply to the use of non-network providers and services.

Emergency Room Visits and services apply a \$350 copay. ER copayment is waived if admitted to hospital.

Prior-Authorizations (“PAs”) are required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on required PAs. The following are some examples of services requiring PA: admission to inpatient facilities or partial hospitalization units, referral to out-of-network care, pre-natal/maternity care, home health services, infusion services, hospice, transplants, all advanced imaging (such as MRI, CT, Stress Test).

SmartCare is an additional benefit provided for plan participants using the services available through University medical facilities at UAMS, UA Fayetteville and UA Little Rock. All plan covered services and supplies are not available through SmartCare and the benefit does not transfer to other non-University providers or facilities.

UAMS SmartCare (501) 686-8749

UA Fayetteville SmartCare (495) 575-4451

UA Little Rock SmartCare (501) 569-3188

UMR provides customer services, prior authorization, network access and appeals review for the University Health Plan.

UMR Health Plan Customer Services 888-438-6105, www.UMR.com.

MedImpact provides pharmacy network access, customer service and formulary support for the University Health Plan pharmacy program.

MedImpact Pharmacy Services 800-788-2949, <http://MP.MedImpact.com/UAS>

EBRx is a service of UAMS providing prior authorization and appeals and exceptions support, and formulary support for the University Health Plan pharmacy program.

EBRx (501) 214-2156, toll-free 833-650-0475

UA System Benefits tab, UA website: <https://www.uasys.edu/>

This comparison is provided only as a summary of the coverage available. Please refer to the SPD for plan details and definitions.