Jefferson City School District

HDHP/HSA Plan 003/004

A UnitedHealthcare Company

Medical Benefits

Covered Services	In-Network Providers	Non-Network Providers
Policy Year Deductible Per Person Family	 $1,500 $3,000	 $3,000 $6,000
Maximum Out-of-Pocket Expense Per Policy Year Per Person Family	 $3,000 $6,000	 $6,000 $12,000
Primary Care Physician Office Visits	$25 copay; after deductible	70% after deductible
Specialist Office Visits	$35 copay; after deductible	70% after deductible
Physician Office Services	100% after deductible	70% after deductible
Urgent Care Visit	$35 copay; after deductible	$35 copay; after deductible
Emergency Room	$100 copay; after in-network deductible	
Ambulance	100% after in-network deductible	
Durable Medical Equipment	100% after deductible	70% after deductible
Outpatient Diagnostic X-ray and Lab	100% after deductible	70% after deductible
Outpatient Hospital Services	100% after deductible	70% after deductible
Inpatient Hospital Services	$100 copay/admit; 100% after deductible	$100 copay/admit; 70% after deductible
Physical Therapy	$35 copay; after deductible	70% after deductible
Speech, Hearing Occupational Therapy	$35 copay; after deductible	70% after deductible
Preventive/Routine Exams	100%; deductible waived	No Benefits
Immunizations	100%; deductible waived	No Benefits
Preventive/Routine Diagnostic Lab and X-Rays	100%; deductible waived	No Benefits
Preventive/Routine Mammograms	100%; deductible waived	No Benefits
Preventive/Routine Pap Test	100%; deductible waived	No Benefits
Preventive/Routine PSA and Prostate	100%; deductible waived	No Benefits
Preventive/Routine Colonoscopy, Sigmoidoscopy and Other Similar Procedures	100%; deductible waived	No Benefits
Preventive/Routine Hearing Exams	100%; deductible waived	No Benefits
Women's Preventive Health Care	100%; deductible waived	No Benefits

UMR Customer Service: 1-800-826-9781 www.umr.com
Submit Claims to: UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

Prescription Drug Benefits

Policy Year Deductible (Medical / Pharmacy Combined)		
Per Person	$1,500	$3,000
Family	$3,000	$6,000
Maximum Out-of-Pocket Expense Per Policy Year (Medical / Pharmacy Combined)		
Per Person	$3,000	$6,000
Family	$6,000	$12,000

Retail Pharmacy Option – Participating Pharmacy

Co-Pay After Deductible, Per Prescription (30-day supply)

For Generic Drugs	$10
For Preferred Brand Drugs	$30
For Non-Preferred Brand Drug	$50

Mail Order Option – Optum RX

Co-Pay After Deductible, Per Prescription (90-day supply)

For Generic Drugs	$20
For Preferred Brand Drugs	$60
For Non-Preferred Drugs	$100

Specialty Option – Optum RX (Briova Rx)

Co-Pay After Deductible, Per Prescription (30-day supply)

Specialty Medications Less Than $1000	$75
Specialty Medications Over $1000	$125

Optum RX Member Services: 1-800-334-8134