# Jefferson City School District
# Base Plan-001

A UnitedHealthcare Company

| Medical Benefits Covered Services | In-Network Providers | Non-Network Providers |
|---|---|---|
| Policy Year Deductible | | |
| Per Person | $1,000 | $2,000 |
| Family | $2,000 | 4,000 |
| Maximum Out-of-Pocket Expense | | |
| Per Person | $3,000 | $6,000 |
| Family | $6,000 | $12,000 |
| Primary Care Office Visit | $25 copay; plan pays 100% (Deductible waived) | Deductible; plan pays 60% |
| Specialist Office Visit | $35 copay; plan pays 100% (Deductible waived) | Deductible; plan pays 60% |
| Physician Office Services | Deductible; plan pays 80% | Deductible; plan pays 60% |
| Urgent Care Visit | $35 copay; Deductible; plan pays 80% | Deductible; plan pays 60% |
| Emergency Room | $100 copay; In Network Deductible; plan pays 80% (Copay waived if admitted) | |
| Ambulance | In-Network deductible; Plan pays 80% | |
| Durable Medical Equipment | Deductible; plan pays 80% | Deductible; plan pays 60% |
| Outpatient Diagnostic X-Ray and Lab | Deductible; plan pays 80% | Deductible; plan pays 60% |
| Outpatient Hospital Services | Deductible; plan pays 80% | Deductible; plan pays 60% |
| Inpatient Hospital Services | $100 copay; Deductible; plan pays 80% | $100 copay; Deductible; plan pays 60% |
| Physical Therapy | $35 copay; plan pays 100% (Deductible waived) | Deductible; plan pays 60% |
| Speech/Hearing/Occupational Therapy | $35 copay; plan pays 100% (Deductible waived) | Deductible; plan pays 60% |
| Teladoc-General Medicine | $15 copay; plan pays 100% (Deductible waived) | n/a |
| Teladoc-Dermatology | $15 copay; plan pays 100% (Deductible waived) | n/a |
| Teladoc-Behavioral Health | $15 copay; plan pays 100% (Deductible waived) | n/a |
| Preventive/Routine Exams | 100%; (Deductible waived) | No benefit |
| Immunizations | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Diagnostic Lab & X-Rays | 100%; (Deductible waived) | No benefit |
| Mammograms | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Pap Test | 100%; (Deductible waived) | No benefit |
| Preventive/Routine PSA and Prostate | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Colonoscopy, Sigmoidoscopy and Other Similar Procedures | 100%; (Deductible waived) | No benefit |

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| | | |
|---|---|---|
| Preventive/Routine Hearing Exam | 100%; (Deductible waived) | No benefit |
| Women's Preventive Health Care | 100%; (Deductible waived) | No benefit |
| **Prescription Drug Benefits<br>OptumRx Member Services 800-334-8134** | | |
| **Retail Pharmacy Option<br>30 Day Supply** | **Participating Pharmacy** | **No Out of Network Benefit** |
| Tier 1 | $10 | |
| Tier 2 | $30 | |
| Tier 3 | $50 | |
| **Retail 90 Pharmacy Option<br>31-90 Day Supply** | | |
| Tier 1 | $20 | |
| Tier 2 | $60 | |
| Tier 3 | $100 | |
| **Mail Order Option -90 Day Supply** | | |
| Tier 1 | $20 | |
| Tier 2 | $60 | |
| Tier 3 | $100 | |
| **Specialty Option- OptumRx Specialty** | | |
| Specialty Meds less than $1,000 | $75 | |
| Specialty Meds over $1,000 | $125 | |

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

*This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.*