

**Jefferson City School District**  
**Buy-up Plan-002**



A UnitedHealthcare Company

Medical Benefits Covered Services	In-Network Providers	Non-Network Providers
Policy Year Deductible		
Per Person	\$500	\$1,000
Family	\$1,000	\$2,000
Maximum Out-of-Pocket Expense		
Per Person	\$1,500	\$3,000
Family	\$3,000	\$6,000
Primary Care Office Visit	\$25 copay; plan pays 100% (Deductible waived)	Deductible; plan pays 70%
Specialist Office Visit	\$35 copay; plan pays 100% (Deductible waived)	Deductible; plan pays 70%
Physician Office Services	Deductible; plan pays 90%	Deductible; plan pays 70%
Urgent Care Visit	\$35 copay; Deductible; plan pays 90%	Deductible; plan pays 70%
Emergency Room	\$100 copay; In-Network Deductible; plan pays 90% (Copay waived if admitted)	
Ambulance	In-network deductible; Plan pays 90%	
Durable Medical Equipment	Deductible; plan pays 90%	Deductible; plan pays 70%
Outpatient Diagnostic X-Ray and Lab	Deductible; plan pays 90%	Deductible; plan pays 70%
Outpatient Hospital Services	Deductible; plan pays 90%	Deductible; plan pays 70%
Inpatient Hospital Services	\$100 copay; Deductible; plan pays 90%	\$100 copay; Deductible; plan pays 70%
Physical Therapy	\$35 copay; plan pays 100% (Deductible waived)	Deductible; plan pays 70%
Speech/Hearing/Occupational Therapy	\$35 copay; plan pays 100% (Deductible waived)	Deductible; plan pays 70%
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
<b>Prescription Drug Benefits</b> <b>OptumRx Member Services 800-334-8134</b>		
<b>Retail Pharmacy Option 30 Day Supply</b>	<b>Participating Pharmacy</b>	<b>No Out of Network Benefit</b>
Tier 1	\$10	
Tier 2	\$30	
Tier 3	\$50	
<b>Retail 90 Pharmacy Option 31-90 Day Supply</b>		
Tier 1	\$20	
Tier 2	\$60	
Tier 3	\$100	
<b>Mail Order Option -90 Day Supply</b>		
Tier 1	\$20	
Tier 2	\$60	
Tier 3	\$100	
<b>Specialty Option- OptumRx Specialty</b>		
Specialty Meds less than \$1,000	\$75	
Specialty Meds over \$1,000	\$125	

**UMR Customer Service: 1-800-826-9781 [www.umar.com](http://www.umar.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.*