Methodist Health System – January 1, 2024 Health Care Plan Options

COMPARISON CHART FOR HEALTH PLAN OPTIONS	$1,200 DEDUCTIBLE PPO PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	**IN-NETWORK BENEFITS:					
PLAN MAXIMUMS	**TIER 1**	**TIER 2**	**TIER 3**	**TIER 1**	**TIER 2**	**TIER 3**
*Calendar Year Deductible	$1,200 Per Individual $2,400 EE + 1 $3,600 Family	$1,200 Per Individual $2,400 EE + 1 $3,600 Family	$3,600 per Individual $6,000 EE + 1 $9,000 Family	$1,600 EE Only $3,200 Two or More *For 2 or more Individuals covered the deductible of $3,200, $5,000 or $10,000 must be satisfied before coinsurance coverage applies.*	$2,500 EE Only $5,000 Two or More	$5,000 EE Only $10,000 Two or More
*Out-Of-Pocket Limit	$4,800 Per Individual $7,800 EE + 1 $10,800 Family	$4,800 Per Individual $7,800 EE + 1 $10,800 Family	$7,000 per Individual $10,000 EE + 1 $14,000 Family	$6,000 EE Only $12,000 Two or More *No one Individual must satisfy more than $7,400 for out-of-pocket maximum.*	$7,000 EE Only $14,100 Two or More	$7,400 EE Only $15,000 Two or More
PHYSICIAN SERVICES	**TIER 1**	**TIER 2**	**TIER 3**	**TIER 1**	**TIER 2**	**TIER 3**
Preventive Care Visit	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Primary Care Physician Visit	$25 Copay	$25 Copay	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
Specialist Visit	$50 Copay	$50 Copay	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
Pathology	Included in Copay	Included in Copay	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
All Other	15% after Deductible	20% after Deductible	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
TELEHEALTH SERVICES	**TIER 1**	**TIER 2**	**TIER 3**	**TIER 1**	**TIER 2**	**TIER 3**
Teladoc & MPC Providers Only:	$15 Copay	-----	-----	15% after Deductible	-----	-----
HOSPITAL & OTHER FACILITIES	**TIER 1**	**TIER 2**	**TIER 3**	**TIER 1**	**TIER 2**	**TIER 3**
Emergency Department	$300 Copay then 15% after Deductible	$300 Copay then 20% after Deductible	$300 Copay then 20% after Deductible	15% after Deductible	20% after Deductible	20% after Deductible
All Other Hospital & Facility	15% after Deductible	20% after Deductible	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
MENTAL HEALTH CARE	**TIER 1**	**TIER 2**	**TIER 3**	**TIER 1**	**TIER 2**	**TIER 3**
Office Visit/Med Check/Grp Therapy	$25 Copay	$25 Copay	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
Virtual Visits	$15 Copay	$15 Copay	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
Inpatient & All Other Outpatient	15% after Deductible	20% after Deductible	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
ALL OTHER SERVICES	15% after Deductible	20% after Deductible	60% after Deductible	15% after Deductible	20% after Deductible	60% after Deductible
***PRESCRIPTION DRUGS**	**Retail**	**Mail Order**		Tier 1 Deductible + **Retail**	+ **Mail Order**	
Generic Brand	35%, $10 min, $100 max	35%, $20 min, $200 max		35%, $10 min, $100 max	35%, $20 min, $200 max	
Formulary Name Brand	35%, $40 min, $120 max	35%, $70 min, $230 max		35%, $40 min, $120 max	35%, $70 min, $230 max	
Non-Formulary Name Brand	50%, $60 min, $150 max	50%, $120 min, $250 max		50%, $60 min, $150 max	50%, $120 min, $250 max	
Specialty Mail Order 30 Day Supply	-----	35%, $100 min, $200 max		-----	35%, $100 min, $200 max	
	Retail 90 Day Supply – 3X 30-day co-pay, min/max applies			Retail 90 Day Supply – 3X 30-day co-pay min/max applies		
	NON-NETWORK BENEFITS: No Coverage except Medical Emergency, Covered at Tier 2					

* Deductible and Out-of-Pocket Limit expenses cross accumulate for Tier I and Tier II only. For the PPO plan, medical copays and prescription drug co-insurance do not apply toward the Calendar Year Deductible, but do apply toward the Out-of-Pocket limit. For the High Deductible Health Plan (HDHP), prescription drug co-insurance applies toward the Deductible and Out-of-Pocket limit for Tier 1 and Tier 2 only. For the HDHP, prescription drug costs do not apply to Tier 3 Deductible and Out-of-Pocket limit.

** See reverse side for information regarding provider Tiers 1, 2, and 3.

This is a brief summary of the Methodist Health System Employee Health Care Plan options. It does not describe every situation and is not intended to replace the plan document. If there is any conflict between the summary and the plan document, the plan document will govern the resolution.

MONTHLY HEALTH COVERAGE COST

$1,200 Deductible PPO Plan	Full-Time	Part-Time	Health Care Reform
Employee Only	**$ 124.00**	**$ 332.00**	**$ 766.00**
Employee + Spouse	**$ 286.00**	**$ 668.00**	**$ 1,644.00**
Employee + Child	**$ 244.00**	**$ 614.00**	**$ 1,460.00**
Employee + Children	**$ 244.00**	**$ 614.00**	**$ 1,460.00**
Family	**$ 400.00**	**$ 956.00**	**$ 2,488.00**
High Deductible Health Plan	**Full-Time**	**Part-Time**	**Health Care Reform**
Employee Only	**$ 66.00**	**$ 304.00**	**$ 718.00**
Employee + Spouse	**$ 180.00**	**$ 592.00**	**$ 1,544.00**
Employee + Child	**$ 168.00**	**$ 484.00**	**$ 1,368.00**
Employee + Children	**$ 168.00**	**$ 484.00**	**$ 1,368.00**
Family	**$ 278.00**	**$ 872.00**	**$ 2,350.00**

PPO HEALTH NETWORK

Tier 1 – Methodist Health System Facilities, Midwest Surgical Hospital and Methodist Provider Hospital Organization (PHO)

Tier 2 – Nebraska Medicine, Nebraska Health Partners, Children's Hospital and Medical Center, Bryan Health, Montgomery County Memorial Hospital

Tier 3 – United Healthcare Choice Plus

www.umr.com | Click *Find a Provider* and type *Nebraska Methodist* into the search bar.

Telehealth Services Website: www.Teladoc.com

FILING HEALTH CLAIMS

UMR processes all Methodist Health System health claims. To be reimbursed for health care when you use a Non-Network provider, you may need to complete a claim form and submit it along with your bill. If you have a question about your claim or if you would like to check if a specific service or procedure is covered, contact UMR directly.

UMR
1-800-826-9781