

Methodist Health System – January 1, 2021 Health Care Plan Options

| COMPARISON CHART FOR HEALTH PLAN OPTIONS | \$1,000 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 | \$1,000 Per Individual \$2,000 EE + 1 \$3,000 Family | \$1,000 Per Individual \$2,000 EE + 1 \$3,000 Family | \$3,000 per Individual \$5,000 EE + 1 \$7,000 Family | \$1,400 EE Only \$2,800 Two or More <i>For 2 or more Individuals covered the deductible of \$2,800, \$5,000 or \$10,000 must be satisfied before coinsurance coverage applies.</i> | \$2,500 EE Only \$5,000 Two or More | \$5,000 EE Only \$10,000 Two or More |
| *Out-Of-Pocket Limit | \$4,000 Per Individual \$6,500 EE + 1 \$9,000 Family | \$4,000 Per Individual \$6,500 EE + 1 \$9,000 Family | \$7,000 per Individual \$10,000 EE + 1 \$14,000 Family | \$5,000 EE Only \$10,000 Two or More <i>No one Individual must satisfy more than \$6,900 for out-of-pocket maximum.</i> | \$5,200 EE Only \$10,400 Two or More | \$6,900 EE Only \$13,800 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 Copay | ----- | 15% after Deductible | 20% after Deductible | ----- |
| **HOSPITAL & OTHER FACILITIES | TIER 1 | TIER 2 | TIER 3 | TIER 1 | TIER 2 | TIER 3 |
| ER Medical Emergency | \$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 |
| ER Non-Medical Emergency | \$300 Copay then 25% after Deductible | \$300 Copay then 30% after Deductible | \$300 Copay then 30% after Deductible | 25% after Deductible | 30% after Deductible | 30% after Deductible |
| | \$300 Copay waived if admitted | \$300 Copay waived if admitted | \$300 Copay waived if admitted | 15% after Deductible | 20% after Deductible | 60% after Deductible |
| All Other Hospital & Facility | 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 |
| 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 | | |
| Formulary Name Brand | 35%, \$40 min, \$120 max | 35%, \$70 min, \$230 max | | 35%, \$40 min, \$120 max | | |
| Non-Formulary Name Brand | 50%, \$60 min, \$150 max | 50%, \$120 min, \$250 max | | 50%, \$60 min, \$150 max | | |
| Specialty Mail Order 30 Day Supply | ----- | 35%, \$90 min, \$170 max | | ----- 35%, \$90 min, \$170 max | | |
| | **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.

*** Teladoc applies to Tier 1 Deductible and Out-of-Pocket Limit. 20% coinsurance after Deductible. *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

| \$1,000 Deductible PPO Plan | Full-Time | Part-Time | Health Care Reform |
|------------------------------------|------------------|------------------|---------------------------|
| Employee Only | \$ 106.00 | \$ 286.00 | \$ 596.00 |
| Employee + Spouse | \$ 244.00 | \$ 570.00 | \$ 1,282.00 |
| Employee + Child(ren) | \$ 208.00 | \$ 526.00 | \$ 1,138.00 |
| Family | \$ 342.00 | \$ 820.00 | \$ 1,942.00 |
| High Deductible Health Plan | Full-Time | Part-Time | Health Care Reform |
| Employee Only | \$ 58.00 | \$ 266.00 | \$ 582.00 |
| Employee + Spouse | \$ 158.00 | \$ 520.00 | \$ 1,250.00 |
| Employee + Child(ren) | \$ 146.00 | \$ 424.00 | \$ 1,110.00 |
| Family | \$ 242.00 | \$ 764.00 | \$ 1,894.00 |

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

Telehealth Services Website: www.MethodistVirtualCare.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