

# Benefit highlights

University of Arkansas System 13551

Effective January 1, 2015 to December 31, 2015

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs	In-Network	Out-of-Network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 each plan year	
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year	

Medical Benefits	In-Network	Out-of-Network
<b>Benefits covered by Original Medicare and your plan</b>		
Doctor's office visit	Primary Care Physician: \$25 copay Specialist: \$40 copay	Primary Care Physician: \$25 copay Specialist: \$40 copay
Preventive services	\$0 copay for Medicare-covered in-network preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.	
Inpatient hospital care	\$450 copay per admission	\$450 copay per admission
Skilled nursing facility (SNF)	\$25 copay per day: days 1-28 \$0 copay per additional day up to 100 days	\$25 copay per day: days 1-28 \$0 copay per additional day up to 100 days
Outpatient surgery	\$200 copay	\$200 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	20% of the cost	20% of the cost
Diagnostic radiology services (such as MRIs, CT scans)	20% of the cost	20% of the cost
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	20% of the cost	20% of the cost
Ambulance	\$100 copay	\$100 copay
Emergency care	\$65 copay (worldwide)	
Urgent care	\$50 copay	\$50 copay
<b>Additional benefits and programs not covered by Original Medicare</b>		
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$40 copay (Up to 6 visits per plan year)*	\$40 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*

Medical Benefits	In-Network	Out-of-Network
Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
Vision - routine eye exams	\$40 copay (1 exam every 12 months)*	\$40 copay (1 exam every 12 months)*
Fitness program through SilverSneakers® Fitness program	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine <sup>SM</sup>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	

\*Benefits are combined in and out-of-network

Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$10 copay	\$20 copay
Tier 2: Preferred brand	\$40 copay	\$80 copay
Tier 3: Non-preferred brand	\$80 copay	\$160 copay
Tier 4: Specialty tier	\$80 copay	\$160 copay
Coverage gap stage	After your total drug costs reach \$2,960, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,700, you will pay the greater of \$2.65 copay for generic (including brand drugs treated as generic), \$6.60 copay for all other drugs or, 5% of the cost	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change each plan year.