

UNIVERSITY OF ARKANSAS HEALTH PLANS COMPARISON SUMMARY

Complete benefits descriptions and exclusions are contained in the SPD available through your campus HR Office and on the UA System benefits website. SmartCare is available at UAMS, UA Fayetteville and UALR facilities only.

Effective January 1, 2021	Classic	Premier	Health Savings
Individual Deductible	\$750 SmartCare \$1,250 Non-SmartCare	\$200 SmartCare \$700 Non-SmartCare	\$2,800
Family Deductible	\$1,500 SmartCare \$2,500 Non-SmartCare	\$400 SmartCare \$1,400 Non-SmartCare	\$5,400
Coinsurance	20% SmartCare 25% Non-SmartCare	15% SmartCare 20% Non-SmartCare	5% SmartCare 10% Non-SmartCare
Medical Out-of-Pocket Maximum with SmartCare	Indiv. \$4,750, \$3,350 Wellness Fm. \$9,500, \$6,700 Wellness	Indiv. \$2,550, \$2,050 Wellness Fm. \$5,100, \$4,100 Wellness	Indiv. \$6,250 Fm. \$12,300
Medical Out-of-Pocket Maximum, Non-SmartCare	Indiv. \$5,250, \$3,850 Wellness Fm. \$10,500, \$7,700 Wellness	Indiv. \$3,050, \$2,550 Wellness Fm. \$6,100, \$5,100 Wellness	Indiv. \$6,750 Fm. \$13,300
Primary Care Office Visits	\$20 SmartCare \$35 Non-SmartCare	\$10 SmartCare \$25 Non-SmartCare	SmartCare 5% after deductible Non-SmartCare 10% after ded. SmartCare 5% after deductible Non-SmartCare 10% after ded.
Specialist Office Visits	\$40 SmartCare \$55 Non-SmartCare	\$30 SmartCare \$45 Non-SmartCare	
Preventive Care, ACA and ACIP compliant wellness and well-baby visits, immunizations and screenings	Paid in full	Paid in full	Paid in full
Disposable Medical Supplies test strips, oxygen filters, lancets, etc.	No OOP expenses for up to \$800 in disposable supplies	No OOP expenses for up to \$800 in disposable supplies	10% after deductible
Physician Maternity Services	No OOP expenses for pre-natal and physician services, Hospital OOP costs do apply at delivery	No OOP expenses for pre-natal and physician services, Hospital OOP costs do apply at delivery	10% after deductible
Hospital Inpatient Services	SmartCare \$150 copay + deductible + 20% coinsurance Non-SmartCare \$300 copay + deductible + 25% coinsurance	SmartCare \$150 copay + deductible + 15% coinsurance Non-SmartCare \$300 copay + deductible + 20% coinsurance	SmartCare 5% after deductible Non-SmartCare 10% after deductible
Emergency Room Visits	\$250 copay Emergency \$350 copay Non-Emergency	\$250 copay Emergency \$350 copay Non-Emergency	10% after deductible
Therapy Services Speech, PT, OT (copay on 1st evaluation visit only)	SmartCare \$40 evaluation copay, deductible + coinsurance Non-SmartCare \$55 evaluation copay, deductible + coinsurance	SmartCare \$30 evaluation copay, deductible + coinsurance Non-SmartCare \$45 evaluation copay, deductible + coinsurance	SmartCare 5% after deductible Non-SmartCare 10% after deductible
Diagnostic Lab Services Outpatient	SmartCare 20% coinsurance Non-SmartCare 25% coinsurance	SmartCare 15% coinsurance Non-SmartCare 20% coinsurance	SmartCare 5% after deductible Non-SmartCare 10% after deductible
Diagnostic Testing and Surgical Services Outpatient	SmartCare deductible + 20% coinsurance Non-SmartCare \$150 copay + deductible + 25% coinsurance	SmartCare deductible + 15% coinsurance Non-SmartCare \$75 copay + deductible + 20% coinsurance	SmartCare 5% after deductible Non-SmartCare 10% after deductible
Advanced Imaging CT, PET, MRI Prior Authorization Required	SmartCare \$50 copay + deductible + coinsurance Non-SmartCare \$100 copay + deductible + coinsurance	SmartCare \$25 copay + deductible + coinsurance Non-SmartCare \$50 copay + deductible + coinsurance	SmartCare 5% after deductible Non-SmartCare 10% after deductible
Urgent Care Visits	\$55 copay	\$50 copay	10% after deductible
Prescription Medications Separate \$1,700 Indiv OOP \$3,400 Family OOP in both Classic and Premier	\$18 Tier I prescriptions \$62 Tier II prescriptions \$97 Tier III prescriptions	\$14 Tier I prescriptions \$57 Tier II prescriptions \$92 Tier III prescriptions	10% after deductible Prescription OOP is combined with Medical in Health Savings

Deductible is the fixed dollar amount you pay each year before the health plan begins to pay for covered services. In-network deductibles and out-of-network deductible accumulate separately and do not cross apply.

Coinsurance is the fixed percentage of charges you must pay toward the costs of covered services after paying the annual deductible.

Copayment is the fixed dollar amount you pay each time you receive a particular medical service or supply.

Medical Out-of-Pocket Maximum (OOP) is the total combined deductibles, coinsurance and copayments you will pay in any calendar year. It does not include the separate pharmacy out-of-pocket and does not include non-covered services.

Preventive Care Services include well baby/child visits, annual wellness exams, screenings and immunizations as provided in the ACA and ACIP guidelines.

Out-of-Network Care is not available to those enrolled in the Classic Plan (other than emergency services and prior-authorized services). The health plan has access to an extensive in-network array of local and national providers and facilities and centers of excellence. Additional out-of-pocket expenses do apply to the use of non-network providers and services.

Emergency Room Visits and services apply a \$250 copay for serious, unexpected and often dangerous medical conditions that require immediate attention. Conditions not requiring immediate attention and which could be addressed in an urgent care or office visit appointment will apply a \$350 copayment. ER Copayment is waived if admitted to hospital.

Prior-Authorizations (PAs) are required for many complex or inpatient services and procedures, check the plan document or contact UMR for information on required PAs. The following are some examples of services requiring PA: admission to inpatient facilities or partial hospitalization units, referral to out-of-network care, pre-natal/maternity care, home health services, infusion services, hospice, transplants, all advanced imaging (such as MRI, CT, Stress Test).

SmartCare is an additional benefit provided for plan participants using the services available through University medical facilities at UAMS, UA Fayetteville and UALR. All plan covered services and supplies are not available through SmartCare and the benefit does not transfer to other non-University providers or facilities.

UAMS SmartCare (501) 686-8749

UA Fayetteville SmartCare (495) 575-4451

UALR SmartCare (501) 569-3188

UMR provides customer services, prior authorization, network access and appeals reviews for the University Health Plan.

UMR Health Plan Customer Services 888-438-6105 www.UMR.com

MedImpact provides pharmacy network access, customer service and formulary support for the University Health Plan pharmacy program.

MedImpact Pharmacy Services 800-788-2949 <http://MP.MedImpact.com/UAS>

EBRx is a service of UAMS providing prior authorization and appeals and exceptions support and formulary support for the University Health Plan pharmacy program.

EBRx (501) 214-2156, and toll free 833-650-0475

UA System Benefits tab, UA website <https://www.uasys.edu/>