

### Plan Information

#### Preferred Provider Network

- ◆ The plan utilizes the UMR Choice Plus network.
- ◆ Preferred providers can be found on their website ([www.umar.com/oss/cms/UMR/Choice\\_Plus\\_Excl.html](http://www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html)).

#### Spouse/Domestic Partner Eligibility

- ◆ Spouses and domestic partners, who are eligible for medical insurance through their employer, must elect that coverage as primary in order to be covered under the CVMC medical plan as secondary. Only spouses and domestic partners with no access to other medical insurance will be considered primary.

Plan Details	Tier 1 CVMC	Tier 2 In- Network	Tier 3 Out-of- Network
Deductible - Individual	\$100	\$300	\$2,000
Deductible - Family	\$300	\$900	\$6,000
Out-of-Pocket - Indiv.	\$1,000	\$1,500	Unlimited
Out-of-Pocket - Family	\$3,000	\$4,500	Unlimited
Out-of-Pocket - Rx-Ind	\$1,000	\$1,000	Unlimited
Out-of-Pocket-Rx-Fam	\$3,000	\$3,000	Unlimited

#### Teladoc Services

- ◆ The plan includes a benefit for Teladoc services for general medicine; dermatology; and behavioral health.

#### Hospital/Facility Services

- ◆ The plan utilizes the services of Catawba Valley Medical Center and other preferred facilities in the UMR Choice Plus network.

#### Third Party Administrator

- United Medical Resources (UMR)
- ◆ Customer Service: 844-368-6660
  - ◆ Website: [www.umar.com](http://www.umar.com)
  - ◆ Network: United Healthcare Choice Plus Network ([www.umar.com/oss/cms/UMR/Choice\\_Plus\\_Excl.html](http://www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html))

#### Rx Vendor

- MedImpact
- ◆ Customer Service: 888-741-4996
  - ◆ Website: [www.medimpact.com](http://www.medimpact.com)
  - ◆ Plan Information: RxBIN - 003585; PCN - ASPROD1; RxGRP - PHI25

### Healthcare Provider Services

Primary Care Physicians	Benefit
◆ Preferred Providers (Tier 1 & 2)	◆ Payable at 100% after \$20 Employee Co-Pay Per Visit, if applicable*
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 80% after Deductible
Specialist Physicians*	Benefit
◆ Preferred Providers (Tier 1 & 2)	◆ Payable at 80% after Deductible
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 60% after Deductible

\*Note: Emergency Room Physicians are considered Specialist Physicians. There will be no cost sharing for certain preventive services as outlined in the Summary Plan Description and at [www.healthcare.gov](http://www.healthcare.gov).

### Wellness Incentives

Wellness Incentive	Benefit
◆ Smoking Cessation Benefit	◆ Chantix (filled at CVMC Employee Pharmacy) 2 Cycles (6-mo supply)

### Benefit Coverage Exceptions

(No benefit coverage at Frye Regional Medical Center & its affiliates)

Exception	Benefit
◆ Open Heart Surgery	◆ Payable at 80% after deductible
◆ Emergency Room	◆ \$50 Per Visit Co-Pay; Payable at 60%; Unlimited Out of Pocket
◆ If admitted as an Inpatient after receiving treatment in the Emergency Room.	◆ \$50 Per Visit Co-Pay; Payable at 60%; Unlimited Out of Pocket

Hospital/Facility Services (Inpatient/Outpatient)	
Facility	Benefit
◆ Preferred Provider (Tier 1)	◆ 90%
◆ Preferred Providers (Tier 2)	◆ \$200 Deductible Per Admission, 80%
◆ Out-of-Network Providers (Tier 3)	◆ \$2,000 Deductible Per Admission, 60%

Emergency Services	
Facility	Benefit
◆ Preferred Provider- CVMC (Tier 1)	◆ \$100 copay, 90%
◆ Other Providers (Tier 2/3)	◆ \$200 copay (Waived if Admitted), 80%

Urgent Care Services	
Facility	Benefit
◆ Preferred Provider- CVUC (Tier 1)	◆ \$35 copay, 90%
◆ Other Providers (Tier 2/3)	◆ \$75 copay, 80%

Prescription Benefit for Medical Plan Participants									
Category	Employee Pharmacy Copay Rate			MedImpact-Retail Copay Rate			MedImpact Direct* Copay Rate		
	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day
◆ Generic	\$5.00	\$10.00	\$15.00	\$15.00	N/A	N/A	\$5.00	\$10.00	\$15.00
◆ Formulary	\$15.00	\$30.00	\$45.00	\$40.00	N/A	N/A	\$15.00	\$30.00	\$45.00
◆ Name Brand	\$25.00	\$50.00	\$75.00	\$60.00	N/A	N/A	\$25.00	\$50.00	\$75.00
◆ Specialty	\$100.00	N/A	N/A	N/A	N/A	N/A	\$100.00	N/A	N/A

\*For more information about MedImpact Direct, go to [www.medimpactdirect.com](http://www.medimpactdirect.com) or call (855) 873-8739.

Employees Working 30 or More Hours a Week Health4Us Participant Medical Plan Premium Rates (Bi-Weekly)			
Plan Category	Premiums Per Pay Period	Tobacco Surcharge Per Pay Period*	COBRA Monthly Premium Rates
◆ Employee Only	◆ \$35.28	◆ \$80.00	◆ \$840.52
◆ Employee + Child	◆ \$94.82	◆ \$80.00	◆ \$1,401.17
◆ Employee + Children	◆ \$164.27	◆ \$80.00	◆ \$1,751.58
◆ Employee + Spouse/DP	◆ \$196.25	◆ \$160.00	◆ \$1,961.81
◆ Family	◆ \$220.50	◆ \$160.00	◆ \$2,242.14

Employees Working 30 or More Hours a Week NON-Health4Us Participant Medical Plan Premium Rates (Bi-Weekly)			
Plan Category	Premiums Per Pay Period	Tobacco Surcharge Per Pay Period*	COBRA Monthly Premium Rates
◆ Employee Only	◆ \$75.28	◆ \$80.00	◆ \$840.52
◆ Employee + Child	◆ \$134.82	◆ \$80.00	◆ \$1,401.17
◆ Employee + Children	◆ \$204.27	◆ \$80.00	◆ \$1,751.58
◆ Employee + Spouse/DP	◆ \$276.25	◆ \$160.00	◆ \$1,961.81
◆ Family	◆ \$300.50	◆ \$160.00	◆ \$2,242.14

◆ For medical plan participants that were not compliant in their Health4Us tobacco usage agreement.