

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).

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	\$0	\$200	\$2,000
Deductible – Family	\$0	\$600	\$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

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) – **Effective July 1, 2018**

- ◆ Customer Service: 844-368-6660
- ◆ Website: www.umar.com
- ◆ Network: UMR Choice Plus Network (www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html)

Rx Vendor

MedImpact – **Effective July 1, 2018**

- ◆ Customer Service: 888-741-4996
- ◆ Website: 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.

Wellness Incentives

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

Benefit Coverage Exceptions

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

Exception	Benefit
◆ Open Heart Surgery	◆ \$200 Deductible Per Admission; Payable at 80%; \$1,500 Max 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)	◆ Payable at 90%.
◆ Preferred Providers (Tier 2)	◆ \$200 Deductible Per Admission; Payable at 80%.
◆ Out-of-Network Providers (Tier 3)	◆ \$2,000 Deductible Per Admission; Payable at 60%.

Emergency and Urgent Care Services	
Facility	Benefit
◆ Preferred Provider- CVMC	◆ Payable at 90%.
◆ Preferred Provider- CV Urgent Care	◆ Payable at 90%.
◆ Other Providers	◆ \$50 Per Visit Co-Pay (Waived if Admitted); Payable at 80%.

Prescription Benefit for Medical Plan Participants									
Category	Employee Pharmacy Co-Pay Rate			MedImpact-Retail Co-Pay Rate			MedImpact Direct* Co-Pay 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

*For more information about MedImpact Direct, go to 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	◆ \$33.60	◆ \$80.00	◆ \$762.02
◆ Employee + Child	◆ \$90.30	◆ \$80.00	◆ \$1,270.31
◆ Employee + Children	◆ \$156.45	◆ \$80.00	◆ \$1,587.99
◆ Employee + Spouse/DP	◆ \$186.90	◆ \$160.00	◆ \$1,778.58
◆ Family	◆ \$210.00	◆ \$160.00	◆ \$2,032.74

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	◆ \$73.60	◆ \$80.00	◆ \$762.02
◆ Employee + Child	◆ \$130.30	◆ \$80.00	◆ \$1,270.31
◆ Employee + Children	◆ \$196.45	◆ \$80.00	◆ \$1,587.99
◆ Employee + Spouse/DP	◆ \$266.90	◆ \$160.00	◆ \$1,778.58
◆ Family	◆ \$290.00	◆ \$160.00	◆ \$2,032.74

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