

HBP Benefits Summary

BENEFIT PROGRAM FEATURES	Tier 1	Out-of-Network
	UMR UnitedHealthcare Choice Plus Network/Cleveland Clinic Quality Alliance Network	
Annual Deductible Single Family	None None	N/A
Out-of-Pocket Maximum Single Family	\$3,950 \$7,900	None None
MEDICAL BENEFIT PROGRAM FEATURES		
PCP Office Visit (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)	100% of Allowed Amount	Not Covered
Specialist Office Visits	100% of Allowed Amount after \$35 co-pay (no referral required)	Not Covered
Maternity Care	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Routine (Annual) Physical Exam by Primary Care Physician	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Exam	100% of Allowed Amount	Not Covered
Inpatient Hospital Services¹	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Outpatient Hospital Services	100% of Allowed Amount	Not Covered
Radiology -	100% of Allowed Amount	Not Covered
MRI/CT Scans (non-emergent) ¹	\$50 co-pay	Not Covered
Laboratory/Diagnostic Tests	100% of Allowed Amount	Not Covered
Emergency Department Emergency Care Urgent Care	100% after \$250 co-pay 100% after \$50 co-pay	100% after \$250 co-pay 100% after \$50 co-pay
Medical Supplies and Durable Medical Equipment	80% of Allowed Amount	Not Covered
Skilled Nursing Care¹ 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Acute Inpatient Rehab 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Long-Term Acute Care¹ 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Hospice¹ Symptom Management- 10 Days/Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount 100% of Allowed Amount	Not Covered Not Covered
Respite Care 10 Days/Benefit Year	100% of Allowed Amount	Not Covered
Home Health Care 60 Visits per Benefit Year	100% of Allowed Amount	Not Covered
Chiropractic - Maximum of 20 Visits per Benefit Year	First 10 visits: 100% of Allowed Amount after \$35 co-pay Second 10 visits: 50% of Allowed Amount (Children under 16 require prior authorization)	Not Covered

HBP Benefits Summary *continued*

MEDICAL BENEFIT PROGRAM FEATURES	Tier 1	Out-of-Network
	Cleveland Clinic Quality Alliance Network	
Therapy Services Occupational/Speech/Physical 35 Visits per Therapy per Benefit Year	First 20 visits: 100% of Allowed Amount after \$10 co-pay; Second 15 visits: 50% of Allowed Amount	Not Covered
Dental - Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	Not Covered
Family Planning	100% of Allowed Amount	Not Covered
Infertility - Diagnostic Only	100% of Allowed Amount	Not Covered
Hearing Aids	50% of Charge up to \$3,500/Ear - Limited to one aid per Ear every 3 years	Not Covered
Organ Transplant¹ Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See previous page	Not Covered
BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES		
Outpatient Coverage Outpatient (OP Visits)	\$35 co-pay, then 100% of Allowed Amount	Not Covered
Psychological and Neuro-Psychological Testing ²	100% of Allowed Amount	
Inpatient Coverage¹	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Residential Treatment¹ 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Transcranial Magnetic Stimulation (TMS)¹ 36 Therapy Related Visits per Benefit Year	100% of Allowed Amount	Not Covered

For Tier 1, co-payments and co-insurance listed on this chart accumulate to your out-of-pocket maximum with the exception of co-payments for bariatric surgery and hearing aids.

¹ Prior authorization required.

² Psychological Testing: Up to six hours testing are automatically covered without prior authorization.

NeuroPsychological Testing: Up to eight hours testing are automatically covered without prior authorization. Testing is covered in Tier 1 only, by trained Behavioral Health Specialists.

Note: *Prior authorization, precertification, predetermination and prior approval are often used interchangeably.*

Any *unauthorized* programs, services or visits will not be covered by the HBP under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.