



UHC PPO – Option B500

Health plan administered by UnitedHealthCare (UHC): 1-800-901-1939

www.gbophb.org

Pharmacy plan administered by Medco Health: 1-800-841-2806

Behavioral health plan administered by United Behavioral Health (UBH): 1-800-788-5614

Plan Feature	In-Network Benefit	Out-of-Network Benefit*
Lifetime Benefit Maximum	\$3,000,000	
Annual Deductible Co-payments are not included in annual deductible.	<ul style="list-style-type: none"> \$500 individual \$1,000 family 	<ul style="list-style-type: none"> \$1,000 individual \$2,000 family
Annual Out-of-Pocket Limit Includes annual deductible and co-payments; excludes any charges in excess of Reasonable & Customary charges and non-participating hospital admission co-payments.	<ul style="list-style-type: none"> \$3,000 individual \$6,000 family 	<ul style="list-style-type: none"> \$6,000 individual \$12,000 family
Co-insurance (plan pays)	80% after deductible	60% after deductible
Pre-Notification and Medical Management Review Call 1-800-901-1939	To ensure maximum benefits, <i>pre-notification is required</i> for certain services. Please see the HealthFlex Benefit Booklet for a complete list, or call the number on the left.	To ensure maximum benefits, <i>pre-notification is required</i> for certain services. Please see the HealthFlex Benefit Booklet for a complete list, or call the number on the left.
Pre-Notification for Behavioral Health Services Call 1-800-788-5614	To ensure maximum benefits for behavioral health services, <i>pre-notification is required</i> . Please see the United Behavioral Health certificate of insurance for information, or call the number on the left.	To ensure maximum benefits for behavioral health services, <i>pre-notification is required</i> . Please see the United Behavioral Health certificate of insurance for information, or call the number on the left.
Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general and family practitioners, obstetricians, gynecologists and pediatricians.	\$30 co-payment, then plan pays 100%	60% after deductible

Plan Feature	In-Network Benefit	Out-of-Network Benefit*
Therapies <ul style="list-style-type: none"> Physical therapy Occupational therapy Speech therapy Physical and occupational therapy: Combined \$6,000 calendar year maximum. Speech therapy: \$4,000 calendar year maximum.	<ul style="list-style-type: none"> \$30 co-payment, then plan pays 100% \$30 co-payment, then plan pays 100% \$30 co-payment, then plan pays 100% 	<ul style="list-style-type: none"> 60% after deductible 60% after deductible 60% after deductible
Specialist Office Visits	<ul style="list-style-type: none"> \$50 co-payment, then plan pays 100% Allergy injections only, plan pays 100% 	60% after deductible
Preventive Care Well Child Benefits (Under age 16) <ul style="list-style-type: none"> Office visit – Age appropriate immunizations and routine diagnostic tests. There is a one visit per year maximum for children over the age of two. Well Adult Benefits (16 and Over) <ul style="list-style-type: none"> Office visit One well person exam annually, including mammogram, pap smear, prostate exam, routine blood work and colorectal screening for cancer. Colonoscopy (Covered once every three years for participants age 45 and older.) 	<ul style="list-style-type: none"> 100% \$30 co-payment if PCP, then plan pays 100%; \$50 co-payment if specialist, then plan pays 100% 100% \$100 co-payment, then plan pays 100% 	<ul style="list-style-type: none"> 100% up to a \$100 calendar year maximum benefit payable for all services (exams and tests) 100% up to a \$100 calendar year maximum benefit payable for all services (exams and tests) 100% up to a \$100 calendar year maximum benefit payable for all services (exams and tests) 60% after deductible
Licensed Dietitian Office visit	\$30 co-payment, then plan pays 100%	\$30 co-payment, then plan pays 100%
Outpatient Diagnostic Services and Treatment <ul style="list-style-type: none"> Physician office Hospital, independent lab and x-ray facility 	<ul style="list-style-type: none"> \$30 co-payment if PCP, then plan pays 100%; \$50 co-payment if specialist, then plan pays 100% 80% after deductible 	<ul style="list-style-type: none"> 60% after deductible 60% after deductible
Outpatient Services/Ambulatory Surgery Includes surgery in the physician's office.	80% after deductible	60% after deductible
Inpatient Hospital Care <i>Pre-notification required.</i>	80% after deductible	\$200 per admission hospital co-payment then 60% after plan deductible
Transplant <i>Pre-notification required.</i>	80% after deductible at United Resource Network Center facility	Not covered

Plan Feature	In-Network Benefit	Out-of-Network Benefit*
<p>Emergency Care <i>Notification required within 48 hours</i></p> <ul style="list-style-type: none"> • Physician office • Hospital emergency room, outpatient facility or other urgent care facility • Ambulance (medical emergency) 	<ul style="list-style-type: none"> • \$30 co-payment if PCP, then plan pays 100% • \$50 co-payment if specialist, then plan pays 100% • \$50 co-payment (waived if admitted), then plan pays 100% • 80% after deductible 	<ul style="list-style-type: none"> • \$30 co-payment if PCP, then plan pays 100% (except if not a true emergency, then 60% after deductible) • \$50 co-payment if specialist, then plan pays 100% (except if not a true emergency, then 60% after deductible) • \$50 co-payment (waived if admitted), then plan pays 100% (except if not a true emergency, then 60% after deductible) • 80% after deductible
<p>Maternity Care/Physician Charges If you enroll in your first trimester and participate in the Healthy Pregnancy program, you will receive a gift after you complete the program. To enroll, call 1-800-901-1939. <i>Pre-notification required.</i></p>	<ul style="list-style-type: none"> • \$30 co-payment for initial visit to confirm pregnancy • 80% after the deductible for all subsequent physician charges for prenatal visits, postnatal visits and delivery 	<ul style="list-style-type: none"> • 60% after deductible • 60% after deductible for all subsequent physician charges for prenatal visits, postnatal visits and delivery
<p>Newborn Routine Nursery Inpatient Services</p>	<p>80%</p>	<p>60% after deductible</p>
<p>Alternative Therapies</p> <ul style="list-style-type: none"> • Chiropractic care • Massage therapy • Acupuncture • Naprapathy <p>Combined \$1,000 calendar year maximum.</p>	<ul style="list-style-type: none"> • \$30 co-payment, then plan pays 100% • 50% • 50% • 50% 	<ul style="list-style-type: none"> • 50% after deductible • 50% • 50% • 50%
<p>Special Services</p> <ul style="list-style-type: none"> • Skilled Nursing Facility: 120 days maximum per calendar year • Private Duty Nursing: \$24,000 annual maximum • Home Health Care: 60 visits maximum per calendar year • Hospice <p><i>Pre-notification required.</i></p>	<ul style="list-style-type: none"> • 80% after deductible • 80% after deductible • 80% after deductible • 80% after deductible 	<ul style="list-style-type: none"> • 60% after deductible • 60% after deductible • 60% after deductible • 60% after deductible
<p>Hearing Benefit</p> <ul style="list-style-type: none"> • Hearing aids – Every 24 months • Exam 	<ul style="list-style-type: none"> • 50% up to \$500 per ear • \$50 co-payment, then plan pays 100% 	<ul style="list-style-type: none"> • 50% up to \$500 per ear • 60% after deductible

* Benefits to be paid by this plan are subject to Reasonable & Customary charge provisions.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by the General Board of Pension and Health Benefits. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.