

University of Arkansas System Medical Plans Comparison Summary

Find complete, current benefit descriptions and exclusions in the Summary Plan Descriptions (SPDs), available through your campus Human Resources office or on the benefits website at uasys.edu/benefits. SmartCare is available at UAMS, UA Fayetteville, and UALR facilities only.

Beginning January 1, 2025, here's what you'll pay under each medical plan.

| | | Classic Plan | | Premier Plan | | Health Savings Plan | |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|----------------------|
| | | SmartCare | Non-SmartCare | SmartCare | Non-SmartCare | SmartCare | Non-SmartCare |
| Deductible | Individual | \$800 | \$1,350 | \$500 | \$800 | \$3,300 | |
| | Family | \$1,600 | \$2,700 | \$1,000 | \$1,600 | \$6,000 | |
| Coinsurance | | 20% | 25% | 15% | 20% | 5% | 10% |
| Out-of-Pocket Maximum | Individual | \$4,750 Wellness: \$3,450 | \$5,250 Wellness: \$4,000 | \$2,700 Wellness: \$2,350 | \$3,200 Wellness: \$2,700 | \$6,250 | \$6,750 |
| | Family | \$9,500 Wellness: \$6,900 | \$10,500 Wellness: \$8,000 | \$5,400 Wellness: \$4,700 | \$6,400 Wellness: \$5,400 | \$12,300 | \$13,300 |
| Primary Care Office Visit | | \$20 | \$35 | \$10 | \$25 | 5% after deductible | 10% after deductible |
| Specialist Office Visit | | \$40 | \$55 | \$30 | \$45 | 5% after deductible | 10% after deductible |
| Preventive Care* ACA- and ACIP-compliant wellness and well-baby visits, immunizations and screenings | | Plan covers 100% of ACA- and ACIP-qualified preventive care | | Plan covers 100% of ACA- and ACIP-qualified preventive care | | Plan covers 100% of ACA- and ACIP-qualified preventive care | |
| Disposable Medical Supplies Test strips, oxygen filters, lancets, etc. | | Plan covers 100%, up to \$800 in disposable supplies | | Plan covers 100%, up to \$800 in disposable supplies | | 10% after deductible | |
| Hospital Inpatient Services | | \$150 copay, then 20% after deductible | \$300 copay, then 25% after deductible | \$150 copay, then 15% after deductible | \$300 copay, then 20% after deductible | 5% after deductible | 10% after deductible |
| Emergency Room Visit | | \$350 copay, then 25% after deductible (waived if admitted) | | \$350 copay, then 20% after deductible (waived if admitted) | | 10% after deductible | |
| Therapy Services Speech, physical, occupational (copay on initial evaluation visit only) | | \$40 evaluation copay, then 20% after deductible | \$55 evaluation copay, then 25% after deductible | \$30 evaluation copay, then 15% after deductible | \$45 evaluation copay, then 20% after deductible | 5% after deductible | 10% after deductible |
| Outpatient Diagnostic Lab Services | | 20% | 25% | 15% | 20% | 5% after deductible | 10% after deductible |
| Outpatient Diagnostic Testing and Surgical Services | | 20% after deductible | \$160 copay, then 25% after deductible | 15% after deductible | \$80 copay, then 20% after deductible | 5% after deductible | 10% after deductible |
| Advanced Imaging CT, PET, MRI (prior authorization required) | | \$75 copay, then 20% after deductible | \$150 copay, then 25% after deductible | \$50 copay, then 15% after deductible | \$100 copay, then 20% after deductible | 5% after deductible | 10% after deductible |
| Urgent Care Visit | | \$55 | | \$50 | | 10% after deductible | |
| Prescription Drugs | | | | | | | |
| Out-of-Pocket Maximum | Individual | \$1,800 | | \$1,800 | | Combined medical and prescription drug out-of-pocket maximum | |
| | Family | \$3,600 | | \$3,600 | | | |
| Tier 1 | | \$18 copay | | \$14 copay | | 10% after deductible | |
| Tier 2 | | \$62 copay | | \$57 copay | | | |
| Tier 3 | | \$97 copay | | \$92 copay | | | |

*Preventive services that are covered with no cost share are those services described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and HRSA guidelines for women, as well as children, including the American Academy of Pediatrics Bright Futures periodicity guidelines.

Definitions and Other Information

Coinsurance: The percentage you pay toward the cost of covered services after you pay the deductible.

Copayment (copay): The fixed dollar amount you pay each time you receive a covered service or supply.

Deductible: The fixed dollar amount you pay each year before the plan pays for covered services. In-network and out-of-network deductibles accumulate separately and do not cross-apply.

EBRx: A UAMS service that provides prior authorization, appeal and exception support for the health plan pharmacy program. Contact EBRx at 501-214-2156 or toll-free at 833-650-0475.

Emergency Room Visit: The emergency room visit copayment is waived if you're admitted to the hospital.

MedImpact: Provides pharmacy network access, customer service and formulary support for the health plan pharmacy program. Contact MedImpact Pharmacy Services at 800-788-2949 or mp.medimpact.com/uas.

Out-of-Network Care: Not available to those enrolled in the Classic Plan (other than emergency services and services with prior authorization). The health plan has an extensive network of local and national providers, facilities and centers of excellence. Additional out-of-pocket expenses apply to non-network providers and services.

Out-of-Pocket Maximum: The most you pay toward your deductible, coinsurance, and copayments (combined) in any calendar year. The out-of-pocket maximum does not include the prescription drug out-of-pocket maximum (Classic and Premier plans) or 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.

Prior Authorization (PA): Required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on PA. These are some examples of services requiring PA:

- Admission to inpatient facilities or partial hospitalization units
- Referral to out-of-network care
- Prenatal/maternity care
- Home health services
- Infusion services
- Hospice
- Transplants
- All advanced imaging (e.g., MRI, CT, stress test)

SmartCare: If you are enrolled in a university medical plan, you can save on health care costs by visiting a SmartCare provider at a University of Arkansas for Medical Sciences (UAMS) facility, the University of Arkansas Fayetteville Pat Walker Health Center, or the University of Arkansas Little Rock Health Center. Not all covered services and supplies are available through SmartCare; the SmartCare benefit does not transfer to other non-university providers or facilities.

- **UAMS:** 501-686-8749
- **University of Arkansas Fayetteville:** 479-575-4451
- **University of Arkansas at Little Rock:** 501-569-3188

UMR: Provides customer services, prior authorization, network access and appeals reviews for the health plan. Contact UMR Health Plan Customer Service at 888-438-6105 or umr.com.

Wellness, UMR Live Well Reward\$: Benefits-eligible employees must opt in to the UMR Live Well Reward\$ wellness program on umr.com during the enrollment period to receive plan out-of-pocket discounts and incentives.



UNIVERSITY OF ARKANSAS SYSTEM

The information provided in this document is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Arkansas System benefit plans. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The University of Arkansas System has the right to modify benefits at any time.