



UHC OOA – 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-Area Benefit*
Lifetime Benefit Maximum	\$3,000,000	
Annual Deductible Co-payments are not included	<ul style="list-style-type: none"> • \$500 individual • \$1,000 family 	<ul style="list-style-type: none"> • \$500 individual • \$1,000 family
Annual Out-of-Pocket Limit Includes annual deductible and co-payments; excludes charges over Reasonable & Customary.	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family 	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family
Co-insurance (plan pays)	80% after deductible	80% 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 practitioners, family practitioners, obstetricians, gynecologists and pediatricians.	\$30 co-payment, then plan pays 100%	80%
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% 	80%

Plan Feature	In-Network Benefit	Out-of-Area Benefit*
Specialist Office Visits	<ul style="list-style-type: none"> • \$50 co-payment, then plan pays 100% • Allergy injections only, plan pays 100% 	80%
<p>Preventive Care</p> <p>Well Child Benefits Under 16</p> <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. <p>Well Adult Benefits 16 and Over</p> <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% • 100% • 80%
<p>Licensed Dietitian</p> <p>Office visit</p>	\$30 co-payment, then plan pays 100%	\$30 co-payment, then plan pays 100%
<p>Outpatient Diagnostic Services and Treatment</p> <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"> • 80% • 80% after deductible
<p>Outpatient Services/Ambulatory Surgery</p> <p>Includes surgery in the physician's office.</p>	80% after deductible	80% after deductible
<p>Inpatient Hospital Care</p> <p><i>Pre-notification required.</i></p>	80%	80% after deductible
<p>Transplant</p> <p><i>Pre-notification required.</i></p>	80% after deductible at a United Resource Network Center facility	Not covered

Plan Feature	In-Network Benefit	Out-of-Area Benefit*
Emergency Care <i>Notification required within 48 hours</i> <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"> • 80% • \$50 co-payment (waived if admitted), then plan pays 100% • 80% after deductible
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>	<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"> • 80% after deductible • 80% after the deductible for all subsequent physician charges for prenatal visits, postnatal visits and delivery
Newborn Routine Nursery Inpatient Services	80%	80% after deductible
Alternative Therapies <ul style="list-style-type: none"> • Chiropractic care • Massage therapy • Acupuncture • Naprapathy Combined \$1,000 calendar year maximum.	<ul style="list-style-type: none"> • \$30 co-payment, then plan pays 100% • 50% • 50% • 50% 	<ul style="list-style-type: none"> • 50% • 50% • 50% • 50%
Special Services <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 <i>Pre-notification required.</i>	<ul style="list-style-type: none"> • 80% after deductible • 80% after deductible • 80% after deductible • 80% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 80% after deductible • 80% after deductible • 80% after deductible
Hearing Benefit <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-pay, then plan pays 100% 	<ul style="list-style-type: none"> • 50% up to \$500 per ear • 80%

* Benefits paid are subject to Reasonable & Customary provisions.

This summary highlights some of the features of this benefit plan and is for illustrative purposes only and subject to change. The benefit plan's actual terms and conditions are contained in the program documents and policy/HealthFlex Benefit Booklet issued by the General Board of Pension and Health Benefits (collectively the "Documents"). If there is a conflict between this summary and the Documents, the Documents will govern.