



UHC EPO – Option B

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 Only
Lifetime Benefit Maximum	\$3,000,000
Annual Deductible	None
Annual Out-of-Pocket Limit or Co-Payment Maximum	None
Co-insurance	See individual benefit co-payments below.
Pre-Notification and Medical Management Review Call 1-800-901-1939	It is recommended that you always coordinate your care through your Primary Care Physician (PCP). 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.
Primary Care Physician Office Visits Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians.	\$30 co-payment per visit, then plan pays 100%
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 per visit, then plan pays 100% • \$30 co-payment per visit, then plan pays 100% • \$30 co-payment per visit, then plan pays 100%

Plan Feature	In-Network Benefit Only
Specialist Office Visits	<ul style="list-style-type: none"> • \$50 co-payment per visit, then plan pays 100% • Allergy injections only, plan pays 100%
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 routine 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%
Licensed Dietitian Office visits	\$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% • No charge, plan pays 100%
Outpatient Services/Ambulatory Surgery	\$250 co-payment per admission, then plan pays 100%
Inpatient Hospital Care <i>Pre-notification required.</i>	<ul style="list-style-type: none"> • \$500 co-payment per confinement, then plan pays 100% • Co-payment waived if participant is confined within 30-day period for same condition
Emergency and Urgent Care Services <ul style="list-style-type: none"> • Primary Care Physician office visit • Specialist Physician office visit • Hospital emergency room • Urgent care facility or outpatient facility • Ambulance 	<ul style="list-style-type: none"> • \$30 co-payment per visit, then plan pays 100% • \$50 co-payment per visit, then plan pays 100% • \$50 co-payment, then plan pays 100%* (Not covered if not a true Emergency) • \$50 co-payment, then plan pays 100%* (Not covered if not a true Emergency) • No charge (Not covered if not a true Emergency) <p>* Waived if Admitted</p>
Transplant <i>Pre-notification required.</i>	No charge at a United Resource Networks transplant facility

Plan Feature	In-Network Benefit Only
<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.</p> <p><i>Pre-notification required.</i></p>	<p>\$30 co-payment for first visit to confirm pregnancy, then plan pays 100%</p>
<p>Newborn Routine Nursery Inpatient Services</p>	<p>No charge, plan pays 100%</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 co-payment, then plan pays 100% • \$50 co-payment, then plan pays 100% • \$50 co-payment, then plan pays 100%
<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"> • No charge, plan pays 100% • No charge, plan pays 100% • No charge, plan pays 100% • No charge, plan pays 100%
<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%

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.