# Jefferson City School District
# HSA Plan-003/004

A UnitedHealthcare Company

| Medical Benefits Covered Services | In-Network Providers | Non-Network Providers |
|---|---|---|
| Policy Year Deductible (Non-Embedded) | | |
| Per Person | $1,650 | $3,300 |
| Family | $3,300 | $6,600 |
| Maximum Out-of-Pocket Expense | | |
| Per Person | $4,125 | $8,250 |
| Family | $8,250 | $16,500 |
| Primary Care Office Visit | $25 copay after Deductible; plan pays 100% | Deductible; plan pays 70% |
| Specialist Office Visit | $50 copay after Deductible; plan pays 100% | Deductible; plan pays 70% |
| Outpatient Office Services | Deductible; plan pays 100% | Deductible; plan pays 70% |
| Urgent Care Visit | $50 copay after Deductible; plan pays 100% | $50 Copay after Deductible; plan pays 70% |
| Emergency Room | $200 copay after In-Network Deductible; plan pays 100% (Copay waived if admitted) | |
| Ambulance | 100% after In-Network deductible | |
| Durable Medical Equipment | Deductible; plan pays 100% | Deductible; plan pays 70% |
| Outpatient Diagnostic X-Ray and Lab | Deductible; plan pays 100% | Deductible; plan pays 70% |
| Outpatient Hospital Services | Deductible; plan pays 100% | Deductible; plan pays 70% |
| Inpatient Hospital Services | $100 copay after Deductible; plan pays 100% | $100 copay after Deductible; plan pays 70% |
| Physical Therapy | $50 copay after Deductible; plan pays 100% | Deductible; plan pays 70% |
| Speech/Hearing/Occupational Therapy | $50 copay after Deductible; plan pays 100% | Deductible; plan pays 70% |
| Teladoc-General Medicine | $15 Copay after Deductible | n/a |
| Teladoc-Dermatology | $15 Copay after Deductible | n/a |
| Teladoc-Behavioral Health | $15 Copay after Deductible | n/a |
| Preventive/Routine Exams | 100%; (Deductible waived) | No benefit |
| Immunizations | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Diagnostic Lab & X-Rays | 100%; (Deductible waived) | No benefit |
| Mammograms | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Pap Test | 100%; (Deductible waived) | No benefit |
| Preventive/Routine PSA and Prostate | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Colonoscopy, Sigmoidoscopy and Other Similar Procedures | 100%; (Deductible waived) | No benefit |
| Preventive/Routine Hearing Exam | 100%; (Deductible waived) | No benefit |
| Women's Preventive Health Care | 100%; (Deductible waived) | No benefit |

Effective July 1, 2025

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| Prescription Drug Benefits<br>OptumRx Member Services 800-334-8134 | | |
|---|---|---|
| **Policy Year Deductible (Medical & Pharmacy Combined)** | **In Network** | |
| **Per Person** | **$1,650** | |
| **Family** | **$3,300** | |
| **Maximum Out of Pocket Expense (Medical & Pharmacy Combined)** | | |
| **Per Person** | **$4,125** | |
| **Family** | **$8,250** | |
| **Retail Pharmacy Option<br>30 Day Supply** | **Participating Pharmacy** | **No Out of Network Benefit** |
| Tier 1 | $10 | |
| Tier 2 | 20% up to a $100 per script maximum after Deductible | |
| Tier 3 | 20% up to a $200 per script maximum after Deductible | |
| **Retail 90 Pharmacy Option<br>31-90 Day Supply** | | |
| Tier 1 | $20 | |
| Tier 2 | 20% up to $200 per script maximum after Deductible | |
| Tier 3 | 20% up to a $400 per script maximum after Deductible | |
| **Mail Order Option -90 Day Supply** | | |
| Tier 1 | $20 | |
| Tier 2 | 20% up to $200 per script maximum after Deductible | |
| Tier 3 | 20% up to a $400 per script maximum after Deductible | |
| **Specialty Option- OptumRx Specialty** | | |
| Specialty Meds | 20% up to a $300 per script maximum after Deductible | |

**UMR Customer Service: 1-800-826-9781 www.umr.com**
**Submit Claims to:** UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

*This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.*

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