



University of Arkansas System Medical Plans Comparison Summary

Find complete 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, 2021, 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	\$750	\$1,250	\$200	\$700	\$2,800	
	Family	\$1,500	\$2,500	\$400	\$1,400	\$5,400	
Coinsurance		20%	25%	15%	20%	5%	10%
Out-of-Pocket Maximum	Individual	\$4,750; Wellness: \$3,350	\$5,250; Wellness: \$3,850	\$2,550; Wellness: \$2,050	\$3,050; Wellness: \$2,550	\$6,250	\$6,750
	Family	\$9,500; Wellness: \$6,700	\$10,500; Wellness: \$7,700	\$5,100; Wellness: \$4,100	\$6,100; Wellness: \$5,100	\$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%		Plan covers 100%		Plan covers 100%	
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	
Physician Maternity Services		Plan covers 100% for prenatal and physician services; hospital costs apply at delivery		Plan covers 100% for prenatal and physician services; hospital costs apply at delivery		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		Emergency: \$250 Non-emergency: \$350		Emergency: \$250 Non-emergency: \$350		10% after deductible	
Therapy Services Speech, Physical, Occupational (copay on initial evaluation visit only)		\$40 copay, then 20% after deductible	\$55 copay, then 25% after deductible	\$30 copay, then 15% after deductible	\$45 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	\$150 copay, then 25% after deductible	15% after deductible	\$75 copay, then 20% after deductible	5% after deductible	10% after deductible
Advanced Imaging CT, PET, MRI (prior authorization required)		\$50 copay, then 20% after deductible	\$100 copay, then 25% after deductible	\$25 copay, then 15% after deductible	\$50 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	\$1,700		\$1,700		Combined medical and prescription drug out-of-pocket maximum	
	Family	\$3,400		\$3,400			
Tier I		\$18 copay		\$14 copay		10% after deductible	
Tier II		\$62 copay		\$57 copay			
Tier III		\$97 copay		\$92 copay			

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.

Emergency Room Visits: Require a \$250 copay for serious, unexpected, and/or dangerous medical conditions that require immediate attention. Visits for conditions not requiring immediate attention—those that could be addressed at an urgent care clinic or doctor's office—require a \$350 copayment. The emergency room visit copayment is waived if you're admitted to the hospital.

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.

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 Authorizations (PA): Required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on PAs. 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: An additional benefit for participants using University medical facilities at the University of Arkansas for Medical Sciences (UAMS), University of Arkansas Fayetteville, and University of Arkansas at Little Rock. Not all covered services and supplies are available through SmartCare; the SmartCare benefit does not transfer to other non-University providers or facilities.

- **UAMS SmartCare:** 501.686.8749
- **University of Arkansas Fayetteville SmartCare:** 479.575.4451
- **University of Arkansas at Little Rock SmartCare:** 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.



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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.

