

2020/2021 TROY CITY SCHOOLS HEALTH BENEFITS PLAN

Claims Administrator: UMR, Inc. (1-800-826-9781)

HSA

HSA

<u>Per-pay contributions for medical coverage</u>		Employee	TCSSA	TCEA	ADMIN
		Employee/Spouse	\$17.63	\$24.68	\$21.16
		Employee/Children	\$37.03	\$51.84	\$44.43
		Family	\$29.97	\$41.96	\$35.97
			\$47.93	\$67.10	\$57.51
Plan Feature	HSA in Network	HSA Out of Network			
Deductible - Individual Only	\$2,000	\$4,000			
Deductible - Family	\$4,000	\$8,000			
Out-of-Pocket Maximum Individual Only	\$2,000	\$8,000			
Out-of-Pocket Maximum Family	\$4,000 per Plan Year Including the deductible	\$16,000 per Plan Year Including the deductible			
Most Inpatient and Outpatient Services	100% of PPO rate, subject to deductible	60% of UCR, subject to deductible			
Physician Office Visit	100% of PPO rate, subject to deductible	60% of UCR, subject to deductible			
Emergency Room	100% of PPO rate, subject to deductible	60% of UCR subject to deductible			
Preventative Care	100% of PPO rate; over age 16 subject to maximum (see below)	60% of UCR, subject to deductible; over age 16 subject to maximum (see below)			
Lifetime Maximums per Plan Participant	Unlimited				
Annual Maximums per Plan Participant per Plan Year	\$1000 for Chiropractic Care \$5000 for RN and LPN Outpatient Services 60 Home Health Care Nursing Visits				
Prescription Drug Card (maximum 34-day supply)	Generic: 100%, subject to deductible Brand Name, Preferred: 100%, subject to deductible Brand Name, Non-Preferred: 100%, subject to deductible				
Prescription Drug Mail Service (maximum 90-day supply)	Generic: 100% subject to deductible Brand Name, Preferred: 100%, subject to deductible Brand Name, Non-Preferred: 100%, subject to deductible				
Vision Care (one of each service per Plan Year) (lenses, frames and contacts are subject to the deductible)	\$15 co-payment for Eye Exams; covers first \$50 for single vision lenses, \$75 for bifocal lenses, \$75 for trifocal lenses, \$75 for lenticular lenses, \$100 for contact lenses, and \$50 for frames (All subject to deductible)				
UMR 1-800-826-9781 www.umar.com	United Health Care Find a provider at www.umar.com Select United Health Care Choice Plus from the pull-down menu				
DENTAL PLAN		Dental Plan Year: Jan 1 - Dec 31			
Maximum benefit each CALENDAR YEAR for Class I, II and III Services	\$1,500.00				
Lifetime maximum for orthodontic services, per person	\$2,000.00				
Individual Deductible	\$25.00				
Family Maximum Deductible	\$50.00				
Percentages (of usual and customary) payable for covered dental procedures:					
Class I	100%	Class III	60%		
Class II	80%	Class IV	60%		
Guardian Find a provider at www.guardiananytime.com	1-888-600-1600				