Medical Insurance
Medical Insurance

- Officially called the **University of Arkansas Health Plan** because we’re self-funded and self-insured

- By eliminating the profit margin, we keep premiums lower than if we were fully insured through an outside company

- We can tailor our plan to reward employees for healthy living and control healthcare costs
Who pays claims?

- The University contracts with these vendors to process medical claims:
  - Medical benefits – QualChoice
  - Prescription benefits – MedImpact

- Refer to rate sheet for premiums
  UAMS pays at least 65% of the premium for you and your family if you work full-time
You choose which medical plan

CLASSIC
(Classic Managed Care Plan)

OR

POS
(Point of Service Plan)

- Refer to *UAMS Medical Plans Comparison Chart* for details
- If you (the employee) live in another state without access to network providers, ask about the “Alternative” POS plan
- FYI, 70% of employees pick Classic
Classic vs. Point of Service

- Once you select one of the two plans, you’re not locked into that plan forever.

- Annual “Open Election” is held each year (mid Nov to mid Dec) for you to change to the other plan on Jan 1. But this only applies to employees who are already enrolled in Medical.

- **We do NOT have guaranteed open enrollment every year.**
What’s the difference between Classic and Point of Service?

**Classic**
You must go in-network, similar to an HMO. Only exception are true emergencies (or for medical services not available in-network and QualChoice has authorized, in advance, for you to go out-of-network).

**POS**
Almost identical in-network benefits as Classic, but also have coverage if you go out-of-network.
What does “in-network” mean?

- A doctor, hospital or other health care provider listed in the QualChoice network for U of A Members

| ✓ UAMS    | ✓ LR and NLR Baptist |
| ✓ St. Vincent’s | ✓ Heart Hospital |
| ✓ Ark. Children’s Hospital | |

- Provider search at [www.qualchoice.com](http://www.qualchoice.com)
FUTURE TIP: After you get your insurance card, come back here and create your user ID and log-in.
TIP: Pick a provider with a green “SC” SmartCare notation to enjoy the biggest savings.
What is SmartCare?

- Incentive for you to **come home to UAMS** for your healthcare
- Automatic savings on your out-of-pocket costs when you use a UAMS SmartCare provider
- SmartCare benefits are the same whether you’re in Classic or POS
- SmartCare is only available to UAMS employees and family covered under our medical plan
SmartCare Concierge Service for Employees

How can I facilitate making your first appointment at UAMS?

Email your request to:
smartcare@uams.edu
(“Smart Care Appointments” under Global)

Or call
(501) 686-8749

This is a dedicated number just for UAMS employees
More about

- UAMS doctors and clinics are “in-network” for UA QualChoice members. Many (but not all) are also part of SmartCare.

- Looking for a PCP (Primary Care Physician)? Those in UAMS Family Medicine, Internal Medicine and Geriatrics clinics are under SmartCare. Refer to UAMS Primary Care Physicians list provided in orientation packet and posted on web.

- “Find a Doc” at www.uams.health.com
Facilities include:

✓ UAMS Hospital
✓ UAMS Outpatient Clinics
✓ UAMS Clinic in West Little Rock
✓ AHEC Family Medical Centers
✓ UAMS Psychiatric Providers (including Child Study Center, NWA Outpatient & STRIVE)
✓ University Women’s Health Center
✓ UAMS physicians who bill through UAMS MCPG but are located at Freeway Medical, UAMS CARTI or Baptist Inpatient Rehab (which are not SmartCare facilities)

Not SmartCare:

✗ Ark. Children’s Hospital (including Dennis Development Center)
✗ UAMS pediatricians (unless practice at a UAMS SmartCare facility)
✗ CARTI
✗ Baptist Rehab Institute for Outpatient Therapy
✗ Baptist Psychiatric Facility
✗ Freeway Dialysis Services
✗ VA and NLR VA Hospitals
✗ NW Ark Centers for Children (located in Lowell)
Back to how our medical insurance works

When you go IN-NETWORK for care...

- Some things are covered in full by insurance
- Some things are subject to a copay
- Some things are subject to deductible and coinsurance

Refer to *UAMS Medical Plan Comparison Chart* for a summary

There are no pre-existing condition limits in our medical plan.
Preventive Care
You pay $0, covered in full by insurance

- Annual physical exam by PCP or gynecologist
- Well baby/child visits & immunizations through age 18
- Flu immunizations
- Routine screening mammograms (generally starting at age 40)
- Pap smears
- Prostate antigen testing
- Colorectal cancer screening @ 10 years (starting at age 50)
- Bone density screening (generally starting at age 65)
- Diabetic supplies (if you enroll in QCARE diabetes management program)
- Generic hypertension meds and blood pressure monitor (if you enroll in QCARE)
- “Kick the Nic” 12-week smoking cessation program (Chantix prescription and 2 office visits free if enroll through QCARE)
- Nutritional counseling (one visit a year, more if BMI is 27+ and pre-authorized)
Rest of your covered medical care falls into two “what I pay” categories

**Copay**

A fixed amount (for example, $25) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

For example, you pay a copay for a doctor’s office visit and it covers most procedures performed in the doctor’s office (e.g. labs, x-ray). Best to ask your doctor if other in-office procedures are covered under your copay so that you know up front what your cost will be.

You also pay a copay for most prescription drugs.

**Deductible + Coinsurance**

**DEDUCTIBLE** = amount you pay up front, each year, on some (not all) medical services before insurance pays. 2 X single deductible if covering family.

**COINSURANCE** = % of the bill you pay after you satisfy your deductible. You pay a percent (20% in-network for example) and the insurance pays a percent (80%). Once your out of pocket coinsurance hits the annual maximum ($2,000 for example), then insurance pays 100% on covered services that are subject to coinsurance for the rest of the year. 2 X single coinsurance maximum if covering family.
You pay a COPAY for doctor office visit

<table>
<thead>
<tr>
<th>Service</th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician (PCP)</td>
<td>$25</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$25</td>
<td>$15</td>
</tr>
<tr>
<td>Annual eye exam (optometrist or ophthalmologist)</td>
<td>$25</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Outpatient mental health visit (preauthorization required)</td>
<td>$25</td>
<td>$10</td>
<td>$15</td>
</tr>
</tbody>
</table>
Your cost for outpatient procedure
Examples: outpatient surgery, diagnostic testing, MRI and other advanced imaging procedures (prior authorization required), OT, PT

<table>
<thead>
<tr>
<th></th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$750</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Coinsurance Max</strong></td>
<td>$2,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>(you pay 20% until it reaches this amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$2,750</td>
<td>$1,250</td>
<td>$1,500</td>
</tr>
</tbody>
</table>
## Your cost for hospital stay

<table>
<thead>
<tr>
<th></th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$750</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Coinsurance Max</td>
<td>$2,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>(you pay 20% until it reaches this amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Admission Copay</td>
<td>$250</td>
<td>$150</td>
<td>$100</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3,000</td>
<td>$1,400</td>
<td>$1,600</td>
</tr>
</tbody>
</table>
Your cost to have a baby

Be sure to add newborn through Human Resources within 30 days of birth in order for the baby to be covered

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Prenatal Office Visit</td>
<td>$25</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Deductible</td>
<td>$750</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Coinsurance Max (you pay 20% until it reaches this amount)</td>
<td>$2,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Hospital Admission Copay</td>
<td>$250</td>
<td>$150</td>
<td>$100</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3,025</td>
<td>$1,410</td>
<td>$1,615</td>
</tr>
</tbody>
</table>
Emergency Benefit
same under both plans, Classic & POS
SmartCare savings do not apply

While traveling, you are covered anywhere in the world for sudden onset of unforeseen illness or accident

- If traveling out of state without access to network providers, you can lower your costs by going to a provider in the national Private Health Care Systems (PHCS) network, www.phcs.com
- You must notify QualChoice within 24 hours if you are admitted to any nonparticipating hospital
- If possible, use network hospitals for emergency services. Let your family know in advance what hospitals are in network.
- $150 Emergency Room Copay - waived if admitted
  $100 Ambulance Copay - waived if admitted
Are there any differences between POS & Classic benefits if I go in-network or use SmartCare for all my care?

Except for one minor* benefit, in-network and SmartCare benefits are exactly the same under the two plans.

*Some TMJ benefits are available in-network under POS (separate, additional deductible applies); no TMJ coverage under Classic.
The big difference between the plans is **out-of-network** coverage.

**Classic:** No out-of-network coverage other than a true emergency.

**POS:** Yes, you have benefits if you go out-of-network. But be aware your share of the cost will be higher.
If you’re in POS and go out-of-network

- You pay first **$1,000** ($2,000 family) as deductible. This is an additional deductible, separate from the in-network deductible.

- Then insurance covers **60%** based on Maximum Allowable Charges. Your out-of-network doctor may “balance bill” you the amount over QualChoice’s fee schedule. Your actual cost may be 40% + difference between actual and allowable expenses. Your coinsurance out-of-pocket max is $5,000 ($10,000 family). Similar to the deductible, this is an additional and separate out-of-pocket max than the one that applies to in-network services.

- Separate **$250** copay for hospital admission

- Sorry, POS doesn’t cover any preventive care that is provided out-of-network
You should elect POS...

- if you have a spouse or child that lives out of state without access to the QualChoice network
- if your child is going to college out of state, again without access to QualChoice network

Contact QualChoice about “Healthy Directives” network for your family members who live outside Arkansas. Costs may be lower if they go to Healthy Directives health care providers.
Regardless of the plan you choose...

- **Select a PCP (primary care physician)**
  
  Check out the list of UAMS PCP’s or pick one from QualChoice’s online directory. Not necessary for female to select an Ob/Gyn -- you may see any Ob/Gyn in the QualChoice network.

- OK for each family member to have a different PCP

- You may change your PCP at any time. Notify QualChoice by the 25th of a month for it to take effect the 1st of the next month.

- If your PCP refers you to another doctor in the network, no QualChoice referral approval is necessary

- When in doubt as to your coverage or plan benefits, contact QualChoice via special phone number for UA employees, **219-5133**, toll-free 1-866-724-3570. Or log in at [www.qualchoice.com](http://www.qualchoice.com).

New Employee Orientation
Prescription Drug Benefit

- Prescription benefits are the same whether you’re in Classic or POS

- Please refer to the **UA Drug Formulary** that will be mailed to you along with your prescription card
  
  This is the preferred drug list. Visit our website to view the most recent formulary; it is usually updated quarterly.

- Show the formulary to your physician when drugs are prescribed to see if a less expensive generic drug is available.

  Please note that some drugs are subject to quantity limits, step therapy, prior authorization, or reference based pricing.
Prescription Drugs

- You pay a copay for a 30-day supply of most drugs
  - $10 Generic (tier 1)
  - $35 Preferred brand name (tier 2)
  - $70 Non-preferred brand name (tier 3)
- If you get a 90-day supply, you would pay 3 copays
- Mail order is available as a convenience for maintenance drugs. You would pay the same copay as if you went to a pharmacy. For example, you would pay $30/$105/$210 for a 90-day supply.
- Some drugs on the formulary are covered under “reference based pricing.” This means the plan pays the same for any drug in this category and you would pay the difference.
While most pharmacies in Arkansas are included in the MedImpact network, consider our very own pharmacy conveniently located on campus, 1st floor, UAMS Outpatient Center.

$4 medications for many generic prescriptions. $4 list posted on UAMS Intranet or call pharmacy at (501) 686-5530.

Coming soon… delivery service and payroll deduction. Get your refills without leaving the office.
Insurance Cards

- **QualChoice** will send you medical cards for each family member. You will be assigned a unique member ID number. Present this to your doctor’s office.

- If you have medical expenses after your coverage begins but before you get your cards, you may have to pay from your own pocket. But you can file a QualChoice claim form and be reimbursed what insurance would have covered.
Check out QualChoice’s website, www.qualchoice.com

After registering as a Member you can...

- Check status of claims, print an EOB (explanation of benefits)
- Order new ID cards, print temporary cards
- Change your PCP
- View a description of your benefit plan & drug formulary
- Read current and past issues of newsletters
- Take a Personal Health Appraisal
More benefits from QualChoice

- **Ask a Doc**: Convenience of getting free medical advice from physicians via the Internet or phone, possibly saving an office visit. Also advice from pharmacists and nurses. This is the “edocamerica” program founded by our own Dr. Charlie Smith.

- **QCare**: Disease management and wellness counseling for asthma, diabetes, high blood pressure, high cholesterol, weight management, smoking cessation, etc.
MedImpact will send you a prescription benefit card (2 per family—contact them if you need extras). Present this to your pharmacist when filling a prescription.

If you need to fill a prescription before you get your card, ask your pharmacist if they can wait and file the claim later, once you’re in MedImpact’s computer. Or you can pay the full cost of the drug from your pocket then file a claim form to be reimbursed what insurance would have paid, minus $2.50 admin fee.

Register as a member at www.medimpact.com to find out what your cost will be for your prescription ahead of time. Lots of other nice resources.