

Health Insurance Plan Options for Methodist Theological School Students
Major differences between the Plans
2010-11

	<u>COST SHARE PLAN</u>	<u>CORE PLAN</u>	<u>ENHANCED PLAN</u>
Annual Student Premium	\$1,309	\$2,412	\$3,108
Annual Spouse Premium	\$2,054	\$2,313	\$2,965
Annual Child Premium	\$1,007	\$1,477	\$2,070
Basic Maximum Benefit – Student	\$50,000	\$100,000	\$100,000
Basic Maximum Benefit – Dependents	\$25,000	\$50,000	\$50,000
<u>INPATIENT LIMITS</u>			
Room & Board/Hosp Misc	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary <u>Maximum</u> \$1,500 aggregate max benefit per day	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary / \$200 Deductible per admission <u>Maximum</u> \$3,000 aggregate max benefit per day	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary / \$200 Deductible per admission
Surgery	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary <u>Maximum</u> \$1,500 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary <u>Maximum</u> \$2,000 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary
<u>OUTPATIENT LIMITS</u>			
Day Surgery Miscellaneous	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary / \$100 Deductible per admission <u>Maximum</u> \$1,500 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary / \$100 Deductible per admission <u>Maximum</u> \$3,000 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary / \$100 Deductible per admission
Surgery	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary <u>Maximum</u> \$1,500 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary <u>Maximum</u> \$2,000 maximum benefit	Preferred Provider 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary

This plan is underwritten by United Healthcare Insurance Company and is based on policy numbers 2010-200840-1, 2010-200840-2, 2010-200840-3. Benefits may vary by state and are not available in all states. For a complete description of the plan and details of the coverage including costs, exclusions, any reductions or limitations and terms under which the policy may be continued in force, please refer to the full plan description at www.UHCSR.com.

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<u>OUTPATIENT MISCELLANEOUS</u>	<u>COST SHARE PLAN</u>	<u>CORE PLAN</u>	<u>ENHANCED PLAN</u>
	<u>Preferred Provider</u> 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary (*plus 100 deductible per visit for ER) <u>Maximum Per Condition</u> Physician Visits - \$75 visit - \$20 co-pay Med Emergency - \$500 max - \$75 co-pay X-Ray - \$150 maximum Lab, Tests & Procedures - \$200 max Physiotherapy - \$25 visit - \$200 max Psychotherapy - \$500 maximum Injections - \$250 maximum	<u>Preferred Provider</u> 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary (*plus 100 deductible per visit for ER) <u>Maximum Per Condition</u> <i>\$3,000 maximum combined benefit</i> (Important: <i>Includes all services</i> for Physician Visits, X-Ray Laboratory, Tests & Procedures, Physiotherapy, Medical Emergency, Radiation Therapy and Chemotherapy) Injections - \$250 maximum	Physician Visits, X-Ray, Laboratory, Tests & Procedures, Physiotherapy, Medical Emergency, Radiation Therapy and Chemotherapy are paid as follows: <u>Preferred Provider</u> 80% Preferred Allowance <u>Out of Network</u> 60% Usual and Customary (*plus 100 deductible per visit for ER) Injections - \$250 maximum
Prescription Benefit Limit	\$350 maximum benefit per year	\$1,500 maximum benefit per year	\$3,000 maximum benefit per year
Prescription Drug Co-pay: (Prescriptions must be filled at a UHPS Network Pharmacy)	Tier 1 \$20 Tier 2 \$30 Tier 3 \$50	Tier 1 \$15 Tier 2 \$40 Tier 3 \$60	Tier 1 \$15 Tier 2 \$25 Tier 3 \$40
Routine Well Baby Care	Not available	Not available	<u>Preferred Provider</u> 80% Preferred Allowance - \$350 maximum <u>Out of Network</u> 60% Usual and Customary \$350 maximum
Major Medical Buy Up	\$152 –student only per year Not available for dependents	\$168 - Student per year \$168 – Spouse per year \$168 – Child per year	\$185 – Student per year \$185 – Spouse per year \$185 – Child per year

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