

# VIRGINIA UNITED METHODIST CONFERENCE-SPONSORED HEALTH PLANS – 2022

	PPO Core		PPO Buy-Up		HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$1,000/\$2,500	\$1,500/\$3,750	\$750/\$1,875	\$1,250/\$3,125	\$2,250/\$4,500	
Out-of-Pocket Maximum (Individual/Family)	\$6,500/\$13,000		\$4,500/\$9,000		\$5,500/\$11,000	
Coinsurance	20%	40%	20%	40%	20%	50%
HSA Funding (Individual/Family)	n/a		n/a		\$750/\$1,500	
Preventive Visit (Annual Well Visit, Well Baby Visits)	No charge		No charge		No charge	
Primary Care Physician Office Visit	\$30	40% AD	\$20	40% AD	20% AD	50% AD
Specialist Visit	\$50	40% AD	\$30	40% AD	20% AD	50% AD
LiveHealth Online (Telemedicine)	\$5	n/a	\$5	n/a	\$5 AD	n/a
Urgent Care	\$50	40% AD	\$30	40% AD	20% AD	50% AD
Emergency Room	20% AD	20% AD	\$150	20% AD	20% AD	50% AD
Diagnostic Testing (X-rays, Bloodwork, CT/PET Scans, MRIs)	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD
Inpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD
Outpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD
Mental/Behaviorial Health, Substance Abuse						
Inpatient	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD
Office Visit	No charge	40% AD	No charge	40% AD		
<u>Prescription Drugs</u>						
Deductible	Not Applicable		Not Applicable		20% AD	Not covered
Tier 1/Tier 2/Tier 3	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	20% AD	Not covered
Home Delivery (90 day supply)	\$30/\$60/\$100	Not Applicable	\$30/\$60/\$100	Not Applicable	20% AD	Not covered

\*AD = After Deductible

This is a summary of benefits only. Please refer to the Summary Plan Description for a detailed listing of benefits. In the event of an error, the Summary Plan Description will supercede all other documents.

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