

VIRGINIA UNITED METHODIST CONFERENCE-SPONSORED HEALTH PLANS – 2023

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

*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.