

MEDICAL PLANS - PLAN 1

The City of Fort Smith uses the UHC Choice Plus Network for your medical plan. For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

HealthSCOPE			
Name of Plan / Type of Plan	Plan 1 - \$2000 Deductible PPO		
Office Visits	In Network	Out of Network	
Primary	\$35 copay	50% after deductible	
Specialist	\$55 copay	50% after deductible	
Pharmacy			
Preferred Pharmacy Generic	10% copay (\$10 min / \$75 max)	Not Covered	
Retail Generic	20% copay (\$15 min / \$150 max)	Not Covered	
Retail Preferred Brand Name	30% copay (\$30 min / \$150 max)	Not Covered	
Retail Non-Preferred Brand	40% copay (\$50 min / \$150 max)	Not Covered	
Mail Order (90 Days Standard)	20% (\$25-\$275 max) 30% (\$75-\$275 max) 40% (\$125-\$275 max)	Not Covered	
Common Services			
In-Patient Facility	20% after deductible	50% after deductible	
Out-Patient Facility	20% after deductible	50% after deductible	
Urgent Care	\$55 copay	50% after deductible	
Emergency Room	20% after deductible		
Annual Deductible (Medical)			
Individual	\$2,000	\$10,000	
Family	\$4,000	\$20,000	
Coinsurance	20%	50%	
Annual Out of Pocket (Medical & Pharmacy; Includes Annual Deductible)			
Individual	\$7,150	Unlimited	
Family	\$14,300	Unlimited	
Maximum Benefits	Unlimited Lifetime Maximum		
	Employee Bi-Weekly, Per Paycheck Rates		
Coverage Level	Wellness Participant Negative Tobacco Use	Wellness Participant Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$ 47.02	\$ 68.29	\$ 114.20
Employee/Spouse	\$ 94.80	\$ 137.68	\$ 230.23
Employee/Child(ren)	\$ 86.12	\$ 125.07	\$ 209.13
Employee/Family	\$ 133.88	\$ 194.45	\$ 325.15

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

MEDICAL PLANS - PLAN 2

The City of Fort Smith uses the UHC Choice Plus Network for your medical plan. For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

HealthSCOPE			
Name of Plan / Type of Plan	Plan 2 - \$1250 Deductible PPO		
Office Visits	In Network	Out of Network	
Primary	\$20 copay	50% after deductible	
Specialist	\$40 copay	50% after deductible	
Pharmacy			
Preferred Pharmacy Generic	10% copay (\$10 min / \$75 max)	Not Covered	
Retail Generic	20% copay (\$15 min / \$150 max)	Not Covered	
Retail Preferred Brand Name	30% copay (\$30 min / \$150 max)	Not Covered	
Retail Non-Preferred Brand	40% copay (\$50 min / \$150 max)	Not Covered	
Mail Order (90 Days Standard)	20% (\$25-\$275 max) 30% (\$75-\$275 max) 40% (\$125-\$275 max)	Not Covered	
Common Services			
In-Patient Facility	20% after deductible	50% after deductible	
Out-Patient Facility	20% after deductible	50% after deductible	
Urgent Care	\$40 copay	50% after deductible	
Emergency Room	20% after deductible		
Annual Deductible (Medical)			
Individual	\$1,250	\$5,000	
Family	\$2,500	\$10,000	
Coinsurance	20%	50%	
Annual Out of Pocket (Medical & Pharmacy; Includes Annual Deductible)			
Individual	\$5,000	Unlimited	
Family	\$10,000	Unlimited	
Maximum Benefits	Unlimited Lifetime Maximum		
	Employee Bi-Weekly, Per Paycheck Rates		
Coverage Level	Wellness Participant Negative Tobacco Use	Wellness Participant Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$ 68.15	\$ 91.27	\$ 141.17
Employee/Spouse	\$ 137.49	\$ 184.14	\$ 284.80
Employee/Child(ren)	\$ 124.88	\$ 167.25	\$ 258.69
Employee/Family	\$ 194.23	\$ 260.13	\$ 402.33

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MEDICAL PLANS - PLAN 3

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HealthSCOPE			
Name of Plan / Type of Plan	Plan 3 - \$500 Deductible PPO		
Office Visits	In Network	Out of Network	
Primary	\$15 copay	50% after deductible	
Specialist	\$35 copay	50% after deductible	
Pharmacy			
Preferred Pharmacy Generic	10% copay (\$10 min / \$75 max)	Not Covered	
Retail Generic	20% copay (\$15 min / \$150 max)	Not Covered	
Retail Preferred Brand Name	30% copay (\$30 min / \$150 max)	Not Covered	
Retail Non-Preferred Brand	40% copay (\$50 min / \$150 max)	Not Covered	
Mail Order (90 Days Standard)	20% (\$25-\$275 max) 30% (\$75-\$275 max) 40% (\$125-\$275 max)	Not Covered	
Common Services			
In-Patient Facility	10% after deductible	50% after deductible	
Out-Patient Facility	10% after deductible	50% after deductible	
Urgent Care	\$35 copay	50% after deductible	
Emergency Room	20% after deductible		
Annual Deductible (Medical)			
Individual	\$500	\$4,000	
Family	\$1,000	\$8,000	
Coinsurance	10%	50%	
Annual Out of Pocket (Medical & Pharmacy; Includes Annual Deductible)			
Individual	\$2,000	Unlimited	
Family	\$4,000	Unlimited	
Maximum Benefits	Unlimited Lifetime Maximum		
	Employee Bi-Weekly, Per Paycheck Rates		
Coverage Level	Wellness Participant Negative Tobacco Use	Wellness Participant Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$ 110.27	\$ 137.13	\$ 195.09
Employee/Spouse	\$ 222.79	\$ 277.06	\$ 394.16
Employee/Child(ren)	\$ 202.33	\$ 251.62	\$ 357.97
Employee/Family	\$ 314.85	\$ 391.54	\$ 557.04

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