



Medical Benefit	2014 United Health Care Plan Design
Cost per month	\$215.12
WFU Contribution	\$87.00
Cost to retiree per month	\$128.12
In-Network Benefits Summary Only - No out of network benefits	
Annual Deductible	\$0
Out of Pocket Maximum	\$3,000
Physician Services	
- Primary Care OV Copay	\$10
- Specialist OV Copay	\$20
<i>Medicare Required (Part'B') Drugs</i>	20% Coinsurance
Inpatient Hospital Copay	\$200/day
Inpatient Skilled Nursing Facility	\$100/day
Outpatient Copays and Coinsurance	
- Lab Services	\$0
- Standard film X-rays	\$0
- Surgery & Observation	\$100 Copay
- All Other Procedures	10% Coinsurance
Outpatient OT/PT/ST	10% Coinsurance
Outpatient Rehabilitation Facility	10% Coinsurance
Inpatient MH/SA	\$175/day
Partial Hospitalization	\$40 per day
OP Mental Health: Group Visits	\$20 Copay
OP Mental Health: Individual Visits	\$30 Copay
Home Health Services	\$0
Durable Medical Equipment	20% Coinsurance
Transplants	\$1500 Copay
Renal Dialysis	20% Coinsurance
Podiatry: 6 routine visits per year	\$10 Copay
Routine Eye Exam (Annual)	\$10 Copay
<i>Medicare Required Dental</i>	\$10 Copay
<i>Medicare Required Chiro</i>	\$10 Copay (12 additional routine visits)
<i>Medicare Required Hearing</i>	\$10 Copay
Emergency Room	\$50 Copay
Urgent Care Centers	\$25 Copay
Ambulance	\$150 Copay

Prescription Drug Benefit	
Retail	
Tier 1 - Preferred Generic Copay	\$10
Tier 2 - Preferred Brand Copay	\$30
Tier 3 - Non-Preferred Copay	\$40
Tier 4 - Specialty Drug Copay	25%
Coverage in Coverage Gap?	Yes
Mail Order - 90 day supply	
Tier 1 - Preferred Generic Copay	\$20
Tier 2 - Preferred Brand Copay	\$60
Tier 3 - Non-Preferred Copay	\$80
Tier 4 - Specialty Drug Copay	25%
Formulary	Secure Horizons Standard Formulary
Ancillary Benefits	
Nurseline	NL8 - Nursing Hotline
Caregiver	CGV - Standard Caregiver
Transportation	Not Covered
Chiropractor	C7E - \$10/12 visits
Fitness Benefit	FTL - Silver Sneakers
Vision Plan	V8R - \$10 exam copay; 1 exam/year; Materials not covered
Vision Plan (Hardware) *	Not Covered
Hearing Plan	HHE - \$500, every 36 months
Hearing Plan (Hardware) *	Not Covered
Dental	Not Covered