

## Medical Benefits Overview

Kenyon College will continue to offer medical coverage. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	UMR (TPA) PPO Premium Plan 7670-00-411216		UMR (TPA) PPO Basic Plan 7670-00-411216	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>				
Individual	\$200	\$1,000	\$500	\$750
Family	\$400	\$2,000	\$1,000	\$1,500
Coinsurance	10%	30%	70%	50%
<b>Maximum Out-of-Pocket*</b>				
Individual	\$500	\$1,000	\$3,500	\$5,500
Family	\$1,000	\$2,000	\$7,000	\$11,000
<b>Physician Office Visit</b>				
Primary Care	\$10 copay per visit	30% after deductible	\$20 copay per visit	50% after deductible
Specialty Care	\$10 copay per visit	30% after deductible	\$20 copay per visit	50% after deductible
<b>Preventive Care</b>				
Adult Well Exams	100%	\$15 copay per visit then 30%	100%	\$20 copay per visit then 50% coinsurance
Well-Child Care	100%	\$15 copay per visit then 30%	100%	\$20 copay per visit then 50% coinsurance
<b>Diagnostic Services</b>				
X-ray and Lab Tests	\$10 copay per visit; deductible waived office setting; 10% coinsurance outpatient setting	30% coinsurance	\$20 copay per visit; deductible waived office setting; 30% coinsurance outpatient setting	50% coinsurance
Complex Radiology	\$10 copay per visit; deductible waived office setting; 10% coinsurance outpatient setting	30% coinsurance	\$20 copay per visit; deductible waived office setting; 30% coinsurance outpatient setting	50% coinsurance
Urgent Care Facility	\$10 copay per visit	30% coinsurance	30% coinsurance	50% coinsurance
Emergency Room Facility Charges*	10% coinsurance	10% coinsurance	30% coinsurance; deductible waived	30% coinsurance; deductible waived
Inpatient Facility Charges	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance after deductible true emergency 50% coinsurance after deductible non-true emergency
Physician/surgeon fees	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance after deductible true emergency; 50% coinsurance after deductible non-true emergency
<b>Mental Health</b>				
Inpatient	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance true emergency 50% coinsurance non-true emergency
Outpatient	\$10 copay per visit; deductible waived office visits; 10% coinsurance other outpatient services	30% coinsurance	\$20 copay per visit; deductible waived office visits; 30% coinsurance other outpatient services	50% coinsurance
<b>Substance Abuse</b>				
Inpatient	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance true emergency 50% coinsurance non-true emergency

Benefit Coverage	<b>UMR (TPA) PPO Premier Plan 7670-00-411216</b>		<b>UMR (TPA) PPO Basic Plan 7670-00-411216</b>	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Outpatient	\$10 copay per visit; deductible waived office visits; 10% coinsurance other outpatient services	30% coinsurance	\$20 copay per visit; Deductible Waived Office visits; 30% coinsurance other outpatient services	50% coinsurance
<b>Other Services</b>				
Chiropractic	90% coinsurance <small>Medical Necessity will be reviewed after 25 visit. Medical Necessity review is based on chiropractic designation and procedure code</small>	70% coinsurance	30% coinsurance <small>Medical Necessity will be reviewed after 25 visits. Medical Necessity Review is based on chiropractic designation and procedure code</small>	50% coinsurance
<b>Retail Pharmacy (30 Day Supply)</b>				
Tier 1 (Generic and some brand name)	\$5 copay	If you use a Non-Network Pharmacy, you are responsible for payment upfront.	10% copay with a \$10 minimum up to a \$150 maximum benefit per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront.
Tier 2 (preferred brand-name and some generic)	\$15 copay	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Tier 3 (nonpreferred brand-name and nonpreferred generic)	\$15 copay		30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription \$100 Copay per prescription (mail order)	
Tier 4 (specialty drugs) 30 day supply	Tier 1: \$5 Tier 2: \$15 Tier 3: \$15		10% Copay with a \$10 Minimum up to a \$150 Maximum benefit per prescription (Tier 1); 20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription (Tier 2); 30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription (Tier 3)	
<b>Mail Order Pharmacy (31-90 Day Supply)</b>				
Tier 1 (Generic and some brand name)	\$10 copay per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be	\$20 copay per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be
Tier 2 (preferred brand-name and some generic)	\$30 copay per prescription	reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	\$50 Copay per prescription	reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Tier 3 (nonpreferred brand-name and nonpreferred generic)	\$15 copay per prescription		\$100 Copay per prescription	
Tier 4 (specialty drugs)  (30 day supply)	Tier 1: \$5 Tier 2: \$15 Tier 3: \$15		10% Copay with a \$10 Minimum up to a \$150 Maximum benefit per prescription (Tier 1); 20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription (Tier 2); 30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription (Tier 3)	