

2021 UWUA NYPA Plan Benefit Summary Retired Prior to 01/01/2009

Plan Features	In-Network Benefits	Out-of Network Benefits
Copayments	\$8/\$16	N/A
Annual Deductible		
Individual	N/A	\$175
Family	N/A	\$525
Annual Out-of-Pocket Maximum		
Per Family	N/A	\$700
Lifetime Maximum	If retired prior to 2000 = \$1 million per covered person	
	If retired 1/1/2000 through 12/31/2008 = \$2 million per covered person	
Office Visits		
Primary Care (PCP) - For Illness or Injury	\$8/\$16 copay	Deductible, 80% R&C
Specialist (SPC) - For Illness or Injury	\$8/\$16 copay	Deductible, 80% R&C
Virtual Visits	\$15 copay per call Talk to a doctor from your mobile device or computer and get help for minor health issues.	Not Covered
Adult Physical - Routine Physical Exams	\$8 copay then paid at 100%. Immunizations are not covered	Deductible, 80% of R&C, once a year. Immunizations are not covered.
Well Child Care - Routine Physical Exams	100% (no copay), immunizations are not covered	Deductible, 80% R&C, immunizations are not covered
Preventative Care		
Mammography - Routine Preventive Test (age schedule and exam limits removed if any diagnosis or history of breast cancer exists in family)	100% (no copay) Age 35-39 one baseline exam. Age 40 and over once a year	Deductible, 80% R&C. Age 35-39 one baseline exam. Age 40 and over once a year
Pap Smear & PSA Test - Routine Preventive Test	100% (no copay) once a year	Deductible, 80% of R&C. Once a year

Hospitalization		
Hospital Confinement, Room, Board Ancillary Services	Covered at 100% Limitations may apply, please check with carrier.	
In-Hospital Physician	100% (no copay)	Deductible, 80% R&C
Inpatient Diagnostic - Hospital	Covered at 100% Limitations may apply, please check with carrier.	
Anesthesia	100% (no copay)	100% of R&C
Physical Therapy - Inpatient Hospital/Outpatient Hospital	Covered at 100% Limitations may apply, please check with carrier.	
Outpatient Surgery		
In-hospital	Covered at 100% Limitations may apply, please check with carrier.	
Outpatient Surgery/Surgical Fee		
Physician's Office	PCP 100% after \$20 copay. SPC 100% after \$20 copay.	Deductible, 80% R&C
Emergency Room - Accident Care/Medical Emergencies		
In-Hospital	Covered at 100% Limitations may apply, please check with carrier.	
Physician's Charge	100% (no copay)	100% of R&C
Ambulance	100% of eligible expenses	100% of first \$50. Charges in excess at 80% of eligible expenses after deductible.
Outpatient Diagnostic - X-Ray & Lab Tests		
Hospital	Covered at 100% Limitations may apply, please check with carrier.	
Independent Lab Facility	100% after \$8 copay.	Deductible, 80% R&C
Rehabilitation Services		
Chiropractic Care - 25 visit maximum per year combined In and Out-of-Network	100% after \$8 copay. Pre-authorization is required.	Deductible, 80% R&C
Occupational Therapy - 25 visit maximum per year combined In and Out-of-Network	100% after \$8 copay. Pre-authorization is required.	Deductible, 80% R&C
Cardiac Rehabilitation - 25 visit maximum per year combined In and Out-of-Network	100% after \$8 copay. Pre-authorization is required.	Deductible, 80% R&C
Restorative Speech Therapy - 25 visit maximum per year combined In and Out-of-Network	100% after \$8 copay. Pre-authorization is required.	Deductible, 80% R&C
Physical Therapy - Physician's Office - 25 visits per year maximum combined In and Out of Network	100% after \$8 copay. Pre-authorization is required.	Deductible, 80% R&C

Special Services		
Chemotherapy, Radiation Therapy and Dialysis	100% (no copay)	Deductible, 80% R&C
Durable Medical Equipment	100% after \$8 copay per purchase or repair. A single purchase of any one type of equipment is covered every 3 years, or any time with change in physical condition. Needed repairs are also covered.	Deductible, 80% R&C per purchase or repair. A single purchase of any one type of equipment is covered every 3 years, or any time with change in physical condition. Needed repairs are also covered.
Prosthetic Appliances	Not covered in-network	Deductible, 80% R&C per purchase or repair. A single purchase of any one type of appliance is covered every 3 years, or any time with change in physical condition. Needed repairs are also covered.
Skilled Nursing Facility	Covered at 100% Limitations may apply, please check with carrier.	
Home Health Care	Covered at 100% Limitations may apply, please check with carrier.	
Inpatient Mental Health - Hospital	Covered at 100%. Limitations may apply, please check with carrier.	Covered at 100%. Limitations may apply, please check with carrier.
Inpatient Substance Abuse Center/Facility	100% in an approved facility. Pre-certification required.	100% in an approved facility. Pre-certification required.
Outpatient Substance Abuse - Hospital	Covered at 100%; 60 visits per year; 20 visits can be used for family counseling.	Covered at 80% of R&C; 60 visits per year; 20 visits can be used for family counseling.
Refractive Eye Exams	No coverage	No coverage
Hearing Aids	No coverage	No coverage
Prescription Drugs		
Retail Copays - 30 day supply		Copays the same for in-network and out-of-network. See method of reimbursement below for out-of-network claims.
Generic	\$0	
Brand, no generic available	\$2	
Brand, if generic available	\$8	
Mail Order Copays - 90 day supply	\$0	
If using a non-participating pharmacy, you must pay the Pharmacy for the full cost of your prescription, complete a prescription drug claim form, attach a copy of receipt and send it to Optum for reimbursement. You will be reimbursed for the cost of the prescription, less the copayment that applies to the tier.		

Contact Information		
UHC Customer Service Number	866-633-2446	866-633-2446
Website	www.myuhc.com	www.myuhc.com
<p>NYPA has established that this plan or coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.</p> <p>This summary is meant to provide a general outline of the main provisions of the UWUA New York Power Authority Medical Plan. Details of these programs are contained in the benefits handbook and addendums. If there is a difference between this summary and the documents or contracts, the documents and contracts will govern in every instance.</p>		