

**BASIC HEALTH INSURANCE COVERAGES FOR 2020**

The following chart is a brief example of the deductibles, copayments and pastor's personal premiums for 2020. It is intended as a guide to help determine which plan you will elect during Annual Election (November 2019) AND whether you will want to consider the advantages of electing a Medical Reimbursement Account for 2020. This can help you to spread your anticipated deductible and copayment costs over the course of the year. You may elect up to \$2,700 and detailed information will be distributed prior to Annual Election. Benefit Summaries are posted at: [unumc.org/about/health-and-wellness-benefits](http://unumc.org/about/health-and-wellness-benefits)

Monthly Church Premium			\$1,160	N/A
Monthly Pastor's Premium	3% of Pension Based Income	3% of Pension Based Income	Part B Premium	\$0
FULL TIME CLERGY ONLY				
	2020 B1000	2020 CDHP	+ 65 Plan, Via Benefits w/HRA	PART TIME CLERGY
				EAP by ESI
Deductible - single/family	Took Health Quotient: \$1000/\$2000; No Health Quotient: \$1250/\$2500; \$ Co-Pays do not apply to deductible	Took Health Quotient: \$2000/\$4000; No Health Quotient: \$2250/\$4500	varies with chosen policy	
Health Reimbursement Acct (HRA funding included in premiums; carries over year to year)	\$0	\$1000/\$2000	\$400/month	
Physician Co-Payment - Primary care/Specialist	\$30/\$50	20% after deductible	varies with chosen policy	
Preventive Care	\$0	\$0	varies with chosen policy	
Out-Patient Care - Surgery, Diagnostics	20% after deductible	20% after deductible	varies with chosen policy	
Urgent Care Co-Pay	\$100	20% after deductible	varies with chosen policy	
Emergency Room Co-Pay	\$200	20% after deductible	varies with chosen policy	
Hospital Co-Insurance	20% after deductible	20% after deductible	varies with chosen policy	
EAP/Mental Health	\$30	20% after deductible	3 free visits; unlimited phone counseling	3 free visits; unlimited phone counseling
Out-of-Pocket Limit (annual) - combined Medical & Pharmacy costs	\$5500/\$11000	\$6000/\$12000	varies with chosen policy	
MDLIVE Telemedicine:	\$20	\$40 if deductible not met; \$8 if deductible met	N/A	
Prescription Plan: -Deductible	\$0	\$0	varies with chosen policy	
-Pharmacy Copay	Generic: \$15; Brand: 25% with \$25 min/\$65 max; Non-Preferred Brand: 30% with \$50 min/\$120 max	Generic: \$15; Brand: 25% with \$25 min/\$65 max; Non-Preferred Brand: 30% with \$50 min/\$120 max	varies with chosen policy	
-90 day supply Copay (Mail Order or Walgreens)	Generic: \$35; Brand: 25% with \$60 min/\$150 max; Non-Preferred Brand: 30% with \$95 min/\$260 max	Generic: \$35; Brand: 25% with \$60 min/\$150 max; Non-Preferred Brand: 30% with \$95 min/\$260 max	varies with chosen policy	
-Out-Of-Pocket Limit (annual)	combined with medical	combined with medical	varies with chosen policy	
Wellness Programs	Vision, Weight Watchers, Virgin Pulse Walking, Wellness Screening, Pastors Consultation Line	Vision, Weight Watchers, Virgin Pulse Walking, Wellness Screening, Pastors Consultation Line	Virgin Pulse Walking	

Benefits assume in-network providers