

INSTRUCTIONS FOR MY DOCTOR

Let's make **SMART CHOICES**
about my healthcare!



Effective 1/2017

Refer me to a non-hospital when possible so I pay less out-of-pocket.

<i>Office Visits</i>	<i>What I Pay</i>
Preventive Care	\$0
Primary Care Provider (PCP) Visit	\$10
Specialist Office Visit— <i>PCP referral</i>	\$15
Specialist Office Visit— <i>No referral</i>	\$30



Call my Care Coordinators to refer me to a specialist so I pay a lower copay.

<i>Lab & Imaging</i> Not part of an office visit	<i>What I Pay</i>	
	Office or Non-Hospital Lab	Hospital Outpatient
Labs	\$15	\$75
X-Rays, Ultrasound	\$15	\$75
Imaging	\$100	\$200

Benefits listed are network only; visit limits may apply.



YOUR FIRST POINT OF CONTACT

Care Coordinators can help with specialist referrals, medical and Rx prior authorizations, and general questions.

(866) 686-0003 • www.uhh.org

UNITE HERE
HEALTH

Food Service Plan – Platinum (176B)

Outpatient Services	What I Pay	
Physical, Occupational and Speech Therapy	Office or Non-Hospital \$15	Hospital \$35
Outpatient Surgery	Surgical Center \$100	Hospital \$200
Mental Health/ Substance Abuse	\$10 <i>office visit</i>	

Emergency & Urgent Care	What I Pay
Urgent Care Center	\$30
Emergency Room Services	\$100
Emergency Room— <i>Routine Care</i>	50%
Ambulance	\$100
Inpatient Hospitalization	\$200/day <i>\$400 visit max</i>

Prescription Drugs	What I Pay
What's covered? www.hospitalityrx.org	
Generic Drugs <i>on the Formulary</i>	\$3
Brand Name Drugs <i>on the Formulary</i>	\$20
Specialty and Biosimilar Drugs	25% <i>\$50 max</i>
Drugs NOT on the Formulary	Not covered*

*Certain exceptions apply.

Outpatient Services	What I Pay		
	Home	Office or Non-Hospital	Hospital
Infusion Medication	\$0	\$10	20% <i>\$200 visit max</i>



Call my Care Coordinators to see if home infusion is right for me.