

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.

Office Visits	What I Pay
Preventive Care	\$0
Primary Care Provider (PCP) Visit	\$10
Specialist Office Visit— <i>PCP referral</i>	\$10
Specialist Office Visit— <i>No referral</i>	\$25



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

Lab & Imaging Not part of an office visit	What I Pay	
	Office or Non-Hospital Lab	Hospital Outpatient
Labs	\$0	\$30
X-Rays, Ultrasound	\$0	\$30
Imaging	\$0	\$50

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

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HEALTH

Food Service Plan – Platinum Plus (176A)

Outpatient Services	What I Pay	
Physical, Occupational and Speech Therapy	Office or Non-Hospital \$10	Hospital \$30
Outpatient Surgery	Surgical Center \$25	Hospital \$75
Mental Health/ Substance Abuse	\$10 <i>office visit</i>	

Emergency & Urgent Care	What I Pay
Urgent Care Center	\$25
Emergency Room Services	\$100
Emergency Room— <i>Routine Care</i>	50%
Ambulance	\$50
Inpatient Hospitalization	\$100/day <i>\$200 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>\$35 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	\$25



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