BUY UP PLAN

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual	$750	$3,000
Family	$1,500	$6,000
Out-of-Pocket Maximum Individual	$8,000	Unlimited
Family	$16,000	Unlimited
Co-insurance After Deductible	25%	50%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits.)	Unlimited	
Physician Office Visits Primary Physician	$35 copay	50% co-insurance, after deductible
Specialist	$70 copay	50% co-insurance, after deductible
Telehealth Platform, Powered by Teladoc™ (No member out-of-pocket, unlimited utilization) You may call if you have account questions or need assistance with creating an account at: 1-800-835-2362 (Teladoc)	$0 copay	
Preventive Care	No Charge	50% co-insurance, No Deductible
Women's Pelvic Health through The Fund's partner Bloom (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: https://join.hibloom.com	$0 copay	

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SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Infertility Counseling and Testing	25% co-insurance, after deductible	50% co-insurance, after deductible
Allergy Testing and Injections	25% co-insurance, after deductible	50% co-insurance, after deductible
Radiology (X-ray) and Laboratory Services Diagnostic	25% co-insurance, after deductible	50% co-insurance, after deductible
Routine Preventative Radiology and Laboratory Testing	No Charge	50% co-insurance, after deductible
Imaging Services (CT and MRI scans require prior authorization)	25% co-insurance, after deductible	50% co-insurance, after deductible
Ambulance		
Emergent	No Charge, after deductible	No Charge, after deductible
Non-Emergent	25% co-insurance, after deductible	25% co-insurance, after deductible
Emergency Care		
Hospital ER (Copay waived if admitted)	No Charge	No Charge
Urgent Care Center	$35 copay	$35 copay
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses		
Inpatient Services	25% co-insurance, after deductible	50% co-insurance, after deductible
Outpatient Services	25% co-insurance, after deductible	50% co-insurance, after deductible

BUY UP PLAN

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Maternity Care Services Office visits	$35 copay	50% co-insurance, after deductible
Childbirth/ Delivery Professional Services (Obstetricians, surgeons, etc.)	25% co-insurance, after deductible	50% co-insurance, after deductible
Childbirth/ Delivery Facility Services (Hospital, birthing centers, etc.)	25% co-insurance, after deductible	50% co-insurance, after deductible
Breast Pump (Limited to a maximum benefit of $250)	No Charge	50% coinsurance, after deductible
Mental and Substance Abuse Inpatient Hospital	25% co-insurance, after deductible	50% co-insurance, after deductible
Teladoc™	$0 copay	
Outpatient -Hospital	25% co-insurance, after deductible	50% co-insurance, after deductible
-Office	$35 copay	50% co-insurance, after deductible
Cancer Navigator Services (No member out-of-pocket) You may reach an Oncology Nurse Navigator at: 201-308-6555 (8am -6pm ET, M-F)	$0 copay	
Skilled Nursing Facility Limited to 100 days per calendar year.	25% co-insurance, after deductible	50% co-insurance, after deductible
Private Duty Nursing	25% co-insurance, after deductible	50% co-insurance, after deductible
Home Health Care	25% co-insurance, after deductible	50% co-insurance, after deductible

BUY UP PLAN

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Hospice	25% co-insurance, after deductible	50% co-insurance, after deductible
Durable Medical Equipment (Total rental not to exceed purchase price.)	25% co-insurance, after deductible	50% co-insurance, after deductible
External Prosthetic Devices -Wigs, toupees or hair pieces (Limited up to 2 per diagnosis/course of treatment. Does not cover for the diagnosis of androgenetic alopecia- male pattern baldness. Limited to a maximum benefit of $350.)	20% co-insurance, after deductible	50% co-insurance, after deductible
Respiratory Therapy	25% co-insurance, after deductible	50% co-insurance, after deductible
Physical Therapy Limited to 20 visits per calendar year.	$70 copay	50% co-insurance, after deductible
Virtual Physical Therapy (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: **https://meet.swordhealth.com/ufcwnational**	$0 copay	
Speech and Occupational Therapy Limited to 20 visits per calendar year.	$70 copay	50% co-insurance, after deductible
Other Therapies	25% co-insurance, after deductible	50% co-insurance, after deductible
Chiropractic Services Limited to 20 visits per calendar year.	$70 copay	50% co-insurance, after deductible
Accidental Dental Treatment	25% co-insurance, after deductible	50% co-insurance, after deductible

BUY UP PLAN

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Retail 30-Day Supply		
Generic Drugs	$15 copay	Not Covered
Brand Name Drugs	$40 copay	Not Covered
Non – Preferred Brand Name Drugs	$60 copay	Not Covered
Mail Order Specialty Drugs 30-Day Supply (Requires prior authorization)		
Specialty Prescription Drugs	$250 copay	Not Covered
Mail Order 90-Day Supply		
Generic Drugs	$37.50 copay	Not Covered
Brand Name Drugs	$100 copay	Not Covered
Non – Preferred Brand Name Drugs	$150 copay	Not Covered

Prescription Drug Benefits
Provided by EmpiRx Health: Call 1-877-241-7123 for Member Services

You may also obtain information on their website at www.empirxhealth.com.