

# Part-Time Casual Limited Medical Coverage



This limited Part-Time medical plan is offered through Allegiance, a Cigna company. With this plan, you are required to receive services from physicians and hospitals that are in the network. This plan utilizes the PHCS Medical network. To search for providers, visit [www.askallegiance.com/UO](http://www.askallegiance.com/UO).

## Summary of Coverages

	Services	Benefits
<b>Physicians Visits (office)</b>	TeamCare Visits Primary Care Physicians (PCP) Specialists	\$10 co-pay – max 8 visits when combined w/other PCP/Specialist visits \$15 co-pay – max of 4 visits combined w/ Specialist visits 25% coinsurance – max of 4 visits combined w/PCP visits
<b>Preventive Care Visits</b> <i>Visits in addition to Physician office visits above</i>	Preventive Care of Children to Age 16 Annual Routine Adult Physicals Well-Women Coverage	No Charge No Charge No Charge
<b>Emergency/Urgent Care</b>	In-Network Hospital ER In-Network Urgent Care	\$125 co-pay per visit (waived if admitted) - 1 visit per year \$45 co-pay per visit - up to 2 visits per year
<b>In-Network Outpatient Diagnostic &amp; Surgical Services*</b>	Routine Lab or X-ray Routine Mammograms	\$15 co-pay - up to 4 services per year No Charge
<b>In-Network Inpatient Care*</b>	Hospital Facility	25% coinsurance up to 2 days per year
<b>Mental Health and Substance Use Disorder</b>	Inpatient & Outpatient	Covered same as Medical – including maximum visits
<b>Out-of-Network Benefits</b>	Only true emergencies will be covered when services are provided by an out-of-network provider.	

### Prescription Drugs at Walgreens located in TeamCare

Generic Drugs (up to 30 day supply)	\$15 Co-pay
Generic Drugs (up to 90 day supply)	\$30 Co-pay
Brand Name	Discounts Only

### Prescription Drugs NOT at Walgreens located in TeamCare

Generic Drugs (up to 30 day supply)	\$20 Co-pay
Brand Name	Not covered

#### \*Examples of some services not covered under this plan:

- **In-Network Outpatient Diagnostic & Surgical Services:** Major Diagnostics (PET, MR, MRA, CT), Surgical Services, Outpatient Professional Services
- **In-Network Inpatient Care:** Inpatient Professional Services, Inpatient Physician Visit or Consultation
- **Other Medical Services:** Durable Medical Equip & Prosthetic Devices (external), Home Health Care Services & Hospice Care, or Skilled Nursing Facility/inpatient Rehab Facility
- **Rehabilitative Services:** Physical/Occupational/Speech Therapy, Pulmonary & Cardiac Rehab
- **Specialty Drugs**

*See Plan documents for full detail.*

Weekly Cost	Team Member Only	Team Member and Spouse	Team Member and Child(ren)	Full Family
	\$22.82	\$45.64	\$43.23	\$79.84

*Please note: Out-of-pocket maximums of \$3,000 per individual/\$6,000 per family apply for visits and services as outlined above. Additional costs for visits and services not covered by the Plan will be the responsibility of the covered person. Visits and services are based upon a Plan Year (April 1 through December 31).*