

**Frequently Asked Questions
Regarding Changes in the 2007 HMO2 Health Insurance Plan
University of Miami**

PREMIUMS

Q: How do the premiums for the 2007 HMO2 plan compare to the premiums for last year's HMO plan?

A: The 2006 HMO and the 2007 HMO2 plan premiums are the same. With the changes to the HMO2 plan, there is now no increase in premiums between the 2006 HMO and the 2007 HMO2 insurance plans.

COINSURANCE

Q: Does the HMO2 plan have coinsurance? What is coinsurance?

A: Yes. The HMO2 plan has 10 percent coinsurance for certain services. Coinsurance is a set percentage of the total negotiated cost you pay for your medical services.

Q: What services in the HMO2 plan have a 10 percent coinsurance charge?

A: The following services have a 10 percent coinsurance charge: outpatient surgery facility and physician cost, outpatient testing facility and physician cost, skilled nursing facility, ambulance service, durable medical equipment, private duty nursing, home health care, and diabetic equipment.

Q: When is the 10 percent coinsurance charge waived for outpatient surgery and outpatient testing?

A: In general:

If you use a UM physician and UM facilities. Coinsurance is waived. There is no coinsurance charge for UM physicians or UM facilities.

If you see a UM physician in non-UM facilities. Coinsurance for UM physician charges is waived; however you are still responsible for coinsurance charges for the non-UM facility. For example, if you receive service at a JMH facility from a UM physician, the coinsurance for the physician is waived; however you will still have a 10 percent coinsurance charge for the JMH facility.

If you see a non-UM physician at non-UM facilities. Coinsurance applies to both non-UM physician and non-UM facility charges.

Q: Do I have to pay the coinsurance cost in the HMO2 plan if I see a UM physician for outpatient surgery or outpatient testing?

A: No. The University of Miami Miller School of Medicine is waiving the 10 percent coinsurance cost for outpatient surgery and outpatient testing conducted by a UM physician at a UM facility for health care plan members enrolled in the HMO2 plan.

Q: Do I have to pay the coinsurance cost if I see a UM physician in the HMO2 plan for outpatient surgery or outpatient testing at a facility that is not a UM facility?

A: The answer is no for the 10 percent coinsurance charge for the UM physician charge. However, since the service was not conducted in a UM facility, you will have a 10 percent coinsurance facility charge for the service.

Q: If I need to have outpatient surgery or outpatient testing, under the HMO2 plan, what are the cost implications of using a non-UM physician?

A: If you need outpatient surgery, it is beneficial to use a UM physician and have the surgery conducted at a UM facility. If you use a UM physician and UM facility, you will only be responsible for the deductible, if you have not met the deductible for the calendar year. The 10 percent coinsurance cost associated with outpatient surgery will be waived by the University of Miami Miller School of Medicine.

If you need outpatient testing, it is beneficial to use a UM facility for the service. If you obtain the testing at a UM facility, you will be responsible only for the deductible, if you have not met the deductible for the calendar year. The 10 percent coinsurance cost associated with outpatient testing will be waived by the University of Miami Miller School of Medicine.

Q: Which facilities are UM facilities?

A: Major UM facilities include University of Miami Hospital and Clinics (UMHC), Anne Bates Leach Eye Hospital (ABEH), UM/Sylvester in Deerfield Beach, and Bascom Palmer Eye Institute in Palm Beach.

Q: Are Jackson Memorial Hospital and Cedars Medical Center UM facilities?

A: No. Jackson Memorial Hospital and Cedars Medical Center are not UM facilities. UM physicians also have offices at other non-UM facilities including Miami Children's Hospital, Baptist, and Mt. Sinai. If you have a question as to whether a facility is a UM facility, please check with the UM Benefits Office prior to scheduling a procedure.

Q: Can every outpatient surgery and testing subject to HMO2 coinsurance be performed by a UM physician at a UM facility?

A: No. The option of having an outpatient procedure performed by a UM physician at a UM facility is a very good option that should be available most of the time. However, this option is not a certainty for every outpatient procedure that requires a coinsurance payment.

DEDUCTIBLE

Q: What is a deductible?

A: A deductible is an annual flat dollar amount you pay for certain services before your insurance starts to pay for certain services.

Q: Is there a deductible in the HMO2 plan?

A: Yes. The HMO2 plan has a \$250 deductible for individuals and a \$500 deductible for family.

Q: Does the deductible in the HMO2 plan apply to all services?

A: No. The deductible in the HMO2 plan only applies to certain services. The deductible in the HMO2 plan applies to outpatient surgery and testing, skilled nursing facility, ambulance, durable medical equipment, home health care, diabetes equipment, and private duty nursing.

Q: In the HMO2 plan do I have to pay the \$250 deductible if the X-ray is performed at Jackson Memorial Hospital? How about at a UM facility?

A: Yes. The deductible is not waived whether the outpatient testing (X-ray) is performed at a UM facility or a non-UM facility. If the service requires a deductible, the deductible must be paid.

Q: Does the deductible in the HMO2 plan apply to physician services?

A: No. You can visit the primary care physician (PCP) or the specialist and only have to pay the copay.

Q: Does the deductible in the HMO2 plan apply to inpatient services?

A: No. If you are admitted into the hospital you only have to pay the \$150 per day copay per admission for a maximum of five days. After the fifth day in the hospital, there is no copay.

Q: In the HMO 2 plan do I have to pay the \$250 deductible if I have chemotherapy?

A: No. Chemotherapy treatments are covered at 100 percent in the HMO2 plan.

MAXIMUM OUT-OF-POCKET EXPENSE

Q: What is my maximum out-of-pocket expense in the HMO2 plan if I use a UM physician?

A: The HMO2 maximum out-of-pocket expense is \$3000 for individual and \$6000 for family. The HMO2 maximum out-of-pocket expense is the same regardless of whether you see a UM physician or a non-UM physician.

Q: What is my maximum out-of-pocket expense in the HMO2 plan if I use a non-UM physician?

A: The HMO2 maximum out-of-pocket expense is \$3000 for individual and \$6000 for family. The HMO2 maximum out-of-pocket expense is the same regardless of whether you see a UM physician or a non-UM physician.

Q: What health care services count toward the maximum out-of-pocket expense in the HMO2 plan?

A: Copays and coinsurance costs count toward the maximum out-of-pocket expense with the exclusion of pharmacy (prescription) copays and mental health copays. The deductible does not count toward the maximum out-of-pocket expense.

GENERAL

Q: In the HMO2 plan, am I required to go to UM physicians only?

A: No. You are able to use the services of all physicians in the Humana Choice HMO network.

Q: Would I pay a co-payment in the HMO2 plan for an office visit at a UM facility?

A: Yes. In the HMO2 plan the copayment for an office visit is \$15 for a primary care physician (PCP) and \$30 for a specialist.

Q: What kinds of expenses would I pay for in the HMO2 plan if I go to a non-UM physician?

A: If you go to a non-UM physician for an office visit you will pay the same copay regardless of whether the physician is a UM physician or a non-UM physician.

Q: Can I go to a specialist without a referral?

A: No. In the HMO2 plan you need a referral to see most specialists. However, the HMO2 plan has an open access feature that gives members the freedom to visit the following non-hospital based specialists without obtaining a referral: ophthalmologist, obstetrician/gynecologist, and dermatologist.

Q: If I have to go to an emergency room or trauma center, do I have to go to Ryder Trauma Center?

A: No. In the event of an emergency, you can go to any emergency room to receive immediate care.

Q: Will I incur a charge if I go to the Ryder Trauma Center or any other emergency room?

A: Yes. The HMO2 emergency room copay is \$100.

Q: Do I have to pay the emergency room copay if I get admitted into the hospital?

A: No. If you are admitted into the hospital, the emergency room copay is waived. You will only be responsible for the hospital copay or coinsurance depending on the health care plan selected.

Q: If I go to a UM physician, are my medical records still confidential?

A: Yes, absolutely. The University is required by federal and state law to maintain the confidentiality of protected health information of all of our patients.

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