

Priests Mutual Benefit Society 2022 Benefits



MEDICAL PLAN	UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN	
	In-Network	Out-of-Network
Calendar Year Deductible	\$0	\$0
Out-of-Pocket Maximum	\$1,500	\$3,000
Office Visits	\$25 copay	\$50 copay
PRESCRIPTION DRUG	IN-NETWORK	OUT-OF-NETWORK
Retail	Retail: \$10/\$25/\$35 copay	Retail: \$10/\$35/\$50 copay
Mail Order	Mail Order: \$20/\$50/\$70 copay	N/A

DENTAL PLAN	DELTA DENTAL PLAN		
	PPO NETWORK	PREMIER NETWORK	NON-PARTICIPATING
Preventive/Basic/Major/Orthodontic Services	100 / 90 / 80 / 0%	80 / 80 / 80 / 0%	70 / 50 / 50 / 0%
Annual Deductible/Max Benefit	\$75 / \$2,500		

VISION PLAN	UNITED HEALTHCARE	
	In-Network	Out-of-Network
Eye Exams Expenses for one (1) routine eye exam performed by an Ophthalmologist or Optometrist. Claims for eye examinations are submitted to United Healthcare (UHC) for Processing.	\$0	\$50 Copay
Prescription Eyewear, including eyeglasses and contact lenses. Priests must present an invoice from the provider to the PMBS office for reimbursement or the provider may submit an invoice to PMBS.	\$300 benefit maximum toward purchase of eyeglasses and/or contact lenses during 2 Rolling Years	\$300 benefit maximum toward purchase of eyeglasses and/or contact lenses during 2 Rolling Years

HEARING AIDS	PMBS
Hearing Aid Services Hearing aid exams and purchasing of hearing aids are covered by PMBS, not United Healthcare.	Maximum benefit of \$5,000 toward the purchase of hearing aids and/or examination during five rolling years. ("Rolling years" means that five years must elapse before you are eligible for the benefit again.) Any applicable cost-share will not count towards your out-of-pocket maximum. Providers may submit an invoice directly to PMBS, or Priests may submit an invoice from the provider to PMBS, for reimbursement. Reimbursement is limited to benefit maximum.

CUSTOMER SERVICE:

United Healthcare: 1-888-332-8885
Delta Dental: 1-800-335-8266
PMBS: Gigi Henson 314-792-7034

EMPLOYEE ASSISTANCE PROGRAM (EAP) with Mercy Managed Behavioral Health Program – (800) 413-0008, Option 2

- Same copay as office visit